

MENTAL HEALTH

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Editorial

Interest in Society is nowadays widespread and the ways in which it shows itself are varied and changing. Indeed, the meanings borne by the word "social" through the past century are themselves significant enough.

The wider aspects of sociology and its relation to other sciences are no doubt extremely fascinating; they are also most complex and deserve much careful study on the lines indicated most admirably by Dr. Kershaw in a volume modestly entitled *An Approach to Social Medicine* (reviewed elsewhere in this number). It is however not these aspects but the practical handling of specific cases which form most of the daily work of many of our readers. What are, or what should be the relations of the Social Worker to the General Practitioner, the Psychiatrist (in Mental Hospital and Outpatient Clinic) the Probation Officer and the Education Authorities? There are obviously many different opinions and it is too early to attempt to lay down firm principles. But it is already appropriate and possible to provide more detailed information about the Services which the Social Worker can use, and discuss how he or she can do so to the best

advantage to both. We are, therefore, publishing a series of articles written, by invitation, to describe some of these branches of work. The first of this series will appear in the next issue.

Again, there are certain specific problems which may present themselves in any of these fields. Social Workers in particular may therefore be glad of a comprehensive survey. One of these is the case of the repatriate, whose difficulties were at first overshadowed by the more acute (and dramatic) need of the released prisoner-of-war, and who is now being neglected for the opposite reason—that is, the pendulum has swung the other way, and the resettlement of both ex-prisoner and ex-serviceman is regarded as an easy matter. It is true that generally their resettlement into jobs has been much easier than was expected: but their resettlement into their families is still an acute social question as Social Workers and the divorce figures testify. The reasons for this are no doubt partly social and partly psychological: Dr. Ratcliffe's article, in this issue, will be welcomed as a most enlightened and stimulating study from one whose interest has already been turned into practice.

The Psychological Problems of the Returned Ex-Serviceman

By T. A. RATCLIFFE, M.B., D.P.M., D.C.H., late Lt.-Col., R.A.M.C.
Consulting Regional Neuro-psychiatrist to the Ministry of Pensions.

*"Then Pallas moved Ulysses to appeal
To every suitor for a dole of bread
... they pitied him and gave, but giving asked
The ancient swineherd who the stranger was."
And when he answered, thus Antinous spake:
Why did you bring another beggar here?
Have we not vagabonds and rogues enough?"*

The Odyssey has told us the story of Ulysses returned from the Trojan War, and his long wanderings; we know the difficulties that he met, his bitterness and his disillusionment. But there is a modern counterpart. The problem of Ulysses is the problem of the many thousands of Displaced Persons in Europe to-day, of the returned Prisoner of War, and, to a lesser but still very significant degree, of every ex-Serviceman and woman after release.

It is difficult to estimate the exact size of this problem. The psychiatrist may only see the grossly maladjusted few, though he will see the difficulties amongst his friends and colleagues. We will see the side effects in the Marriage Guidance Clinics, in Child Guidance Centres, and in the delinquency statistics. The social worker will meet it in her histories and it will have its influence on industrial and man-management problems and in the wide field of politics, too. It is certainly

a very big problem and one we have all got to face up to; it remains one of the major problems of present day preventive psychiatry.

What exactly is this problem, and how does it arise?

There are many factors, some superficial and obvious, and others of deeper significance. First of all, four, five or six years is a long time out of a serviceman's life—and out of his families' life too. The youth of 18 comes back as a mature young man—and a man who has seen much, and known much, that he could not otherwise have done. He has lived, and got entirely used to, a strange new environment, an environment quite unlike that of his everyday life—and quite unlike the environment in which his family has remained. The youth, training for his profession or just started in his career, comes back a grown man, and perhaps married and with new commitments, but still at the same stage of knowledge of his civilian duties. What of the economic factor this entails, as well as the psychological one?

The married, older man, too, has his problems. He will find a wife older than she was, perhaps a little less attractive to look at after the strain of the war years; certainly she will be of necessity more independent—and he may or may not like that. His children will have changed a great deal; they may not even recognize him—or he, them; they may even resent the intrusion of this new stranger into their environment.

There is the difference of environment too. He and they have been interested in such different things all these years. He knows, of course, there have been difficulties for the housewife, but does he really realize what these have been? And will she really understand that affection which even the most joyfully released serviceman feels for the service he has left? Will she be willing or able to understand the service viewpoint he still has? Just as they both found it difficult to adjust when he was called up, so will the release period bring the need for readjustment too.

The returning serviceman, though he would hate to admit it, does feel something of a hero. He feels he has done a good job of work; he wants to tell of all he has seen and done. In short he wants to shoot a bit of a line. But does he always remember that his family have their own line to shoot too? Just as the serviceman is apt to look down a little on the "mere civilian", so is the civilian a little on his guard towards the ex-serviceman. People "who don't speak the same language" are always rather suspicious of each other like that.

When he is in the service, and particularly if he is overseas, the serviceman will tend to paint an idealized picture of his home—tend to stress the roses round the cottage door and forget the defective sanitation. That is a perfectly natural reaction, and inevitable. But supposing that home, with its realities, its queues, its shortages, does not come up to that dream picture. That will lead to

disappointment—and uncontrolled disappointment can only lead to bitterness, to resentment, to blaming everyone from the Government to one's wife, for everything that is not up to the standards of the idealized dream picture. And that resentment can be very deep and wide; in the unstable it can lead to political anarchy or delinquency—in others to domestic bickering or to a complete withdrawal from the realities of life. It can produce its own anxieties.

There are other factors too numerous to mention. One cannot train a man for six years to kill and destroy without profound psychological changes; nor can one switch him back to his normal social status and responsibilities by the mere machinery of release. For these years, too, he, and for that matter his family, have been in danger of death, sudden and terrifying. He has learned to live dangerously. The fighter pilot must return to his routine work as a bank clerk, where his greatest adventure will be the risk of missing the 8.15 train to town. The shy, reserved man who found in the monastic comradeship of the Mess a new way to mix, must return to his own old social problems and difficulties. The hen-pecked husband who found new freedom—and with it his own self-confidence—must return to the former situation and its resulting conflict.

We are apt to regard the Services as the natural stifling ground of initiative and responsibility, but many men have found the power of leadership and quick responsible decision during their service. How will such a man react if he must return to a pre-war job which, by reason of his age when he left it, is a very subordinate post. Many of us have heard of the young police constable who returned as a Wing Commander—there are many such cases in lesser degree.

The major domestic and marital problems play their part too. Most of us who served overseas have met the man who has deferred his release rather than come home and face up to the situation of an unfaithful wife. But sooner or later the problem will confront him. Many of us know from experience the numerical size of this problem, for just as the V.D. rate rises, as readjustment problems increase and morale falls with longer service overseas, so does the number of compassionate domestic problems sharply mount when the period away exceeds two years. This is only one facet of the civilian side of the problem of readjustment—but it is a mutual need for readjustment, and each side of the picture must deeply concern the other.

Here is a composite picture of repatriation and release as it affected one specific group of Army officers with whom I had very close personal contact; it may help to emphasize some aspects of the problem, and show how easy it is to set up difficulties and how best we can help to combat them.

The initial stage dates from the first announcement of one's release programme and is a progressive

"couldn't care less" attitude towards one's work and towards the army generally—a very natural reaction but one which has its obvious dangers. Then comes the first stage of release, the transit camp—the first reaction is one of enthusiasm and expectancy, but, as the days go by, there is a realization that one is shortly leaving one's friends and familiar surroundings behind, and an increasing tendency to talk of the difficulties and shortages at home and the advantages of life in a land of plenty. Quite seriously some begin to wonder if it would not have been better if they had found a job overseas. It is interesting to see, too, the quickness with which any disappointment or discomfort in the camp is magnified by resentment and projection.

The voyage home is a replica of this transit camp experience, with the mood varying from excitement and expectancy to dread and forebodings. You will see the same mixture of moods on the actual day of arrival in England.

There is the same tendency to dramatize delays and difficulties; but equally the official welcome and the slick efficiency and friendliness of the Release Centre, produce a good effect far beyond that normally expected, though tinged by surprise that people are really glad to see one back.

At the actual homecoming it is the small details of the idealized dream picture that count, with an intensity of disappointment if they fail far out of proportion to their apparent significance. If we had always visualized our reunion taking place on the front doorstep, it is disconcerting to be met at the railway station, but then, of course, the family may always have thought of that meeting as on the platform, and that is equally important.

What signs shall we expect to see of this readjustment problem?

Perhaps the commonest of all, so common as to be almost universal even in those who adjust quickly and well, is a feeling of restlessness; it is difficult to settle down to the old job and the old routine, no matter how suitable or congenial these may be. Carried one stage further there comes dissatisfaction with one's employment—or home—and a change of job, perhaps the first of many.

Disappointment, bitterness and resentment are common too. We do not need to stress the difficulties and shortages of a post-war world, but often our readjustment problem results only in bitterness and projected resentment over these difficulties, rather than in an attempt to cope with them, or try and improve the situation within our limitations. How much of the industrial disputes, of the extremist political views and of the increase of anti-social offences which invariably follow a major war, can be traced back to these factors?

Faced by a difficult readjustment problem, many will find their defence in a withdrawal from it; sometimes this is to a gross pathological degree but often there will be a difficulty in mixing, an increased shyness, a slighter withdrawal from social contacts and the difficulties of life. The mood may become one of apathy, but rather more

frequently there will be suspicion and guarding against any who try to pass through the wall of withdrawal that has been built up in an attempt at self-protection. There will be the old feeling that the civilian cannot—or perhaps will not—understand the serviceman. And, as this suspicion feeds upon itself, a wider barrier of resentment and disgruntlement will form.

These are the characteristic signs that this period of readjustment may show. But just as other forms of psychological stress will produce individual reactions in each individual personality, so we shall see the results of this problem sometimes as anxiety, sometimes as a hysterical reaction and sometimes even as a psychotic breakdown. It may form part or all of the aetiological background of any psychiatric illness of this period.

Since the causative factors are so complex and numerous, so is the solution of this problem a many-sided one.

First there is the preventive aspect, and the most important single factor here is the preknowledge of the problem, the realization that the difficulties occur and the frank acceptance of the causes involved. This is a problem both for the civilian and the serviceman, a problem for the Service authorities and for the family too.

For the Services, the problem is relatively easy. Men awaiting the time of release are grouped together and readily accessible. They can be given all the available information on resettlement programmes, on retraining for industry, on the methods of release. Above all they can—and should—be given a clear picture of the special problems that await them, of the difficulties and disappointments they may have to face, and of the need for careful readjustment. This can best be done by giving brief informal talks to each group of men as they come up for release. The speaker, of course, must be enthusiastic and well briefed—and above all capable and willing to discuss the many queries that will be raised; he must, in short, have a very clear picture of the difficulties to be faced, and of the problem. I can only speak with experience of one major overseas theatre where this was done, but the results did justify the effort, and it was interesting to watch the men's own outlook change from an attitude of "this is only some more eyewash to cover up the Army's failures" to one of interest, discussion and, often, gratitude. We were fortunate, too, to have in this theatre an enthusiastic liaison officer from the Ministry of Labour who was able to arrange talks on the more specific aspects of the home problems.

It is equally important that the family and circle to which the serviceman is returning should know of this problem. They, too, will have idealized the home-coming in their imagination; they, too, will resent any differences in him, unless they have been forewarned. They, too, must know of the need for gradual readjustment on both sides. I think that we could, and should, do much more to spread this knowledge, for disappointment, with its

resulting resentment and bitterness, on the families' side can only increase the vicious circle of maladjustment.

Then there is the importance of the welcome back. The serviceman returns with a mixture of pride in himself and his achievements, and a fear that he may not be wanted. Both can be helped if we let him see we are glad to have him back; but let the welcome be sincere and not effusive. He wants to feel secure in the knowledge that we want him back and that he has a part to play in the new world to which he returns.

I recently came across two employers; one had had many personnel disputes and problems since the war, whilst the other had a happy, contented, and therefore efficient, staff. It was not a coincidence that one had made his returning service employees feel genuinely welcome, whilst the other regarded them as "these so-and-so soldiers who come back and demand everything"—and treated them accordingly. Good man-management is as important in industry as ever it was in the services, and doubly important at this time.

It is the first few weeks after release that are the most important for readjustment, for resentment or suspicion once engendered will make the problem many times more difficult. It is during that time especially that both serviceman and family must be prepared to make allowances for each other, to respect each other's periods of withdrawal and difficulty and, above all, to get to know each other slowly and afresh. It is a phase that cannot and must not be hurried, and any auxiliary help that environment can give will be valuable. It is for this reason that a sort of "second honeymoon" is so often a useful aid—though children may be the difficulty here for they too need their period of readjustment.

On the day of release, 56 days of leave stretch ahead as an almost unbelievably long period enticing one either to a vegetable life of doing nothing, or, according to temperament, to planning to do all the things one has dreamt of doing into

that period. Both are understandable and valuable in moderation, but both have their obvious dangers. Hasten slowly is the best motto here as elsewhere in this phase.

Just in the same way the ex-serviceman may feel—or is it perhaps his wife who more often has the thought?—that he should visit all his friends and relations during that leave period. Here, too, it is wise to go slowly and to dictate one's visits by genuine desire and not purely by a sense of duty. Just as a child must adjust to a slowly widening ring of contacts as it passes from infancy to childhood, so should the new contacts of the ex-serviceman be slowly broadened, each readjustment being firmly founded before the next is reached.

Anyone who has interviewed a repatriated prisoner of war who has had severe readjustment difficulties, will know how difficult that interview may be; how each word must be weighed carefully, and how each word may be weighed by the recipient. He will know the difficulty of gaining support and confidence, and that the gaining of that confidence is an absolute necessity for any success. He will have experienced the gradual build up of contact until the patient accepts the efforts to help him as genuine and worthwhile.

The problem of the released serviceman is of the same kind, though usually of lesser degree. Genuineness of feeling and intention, tact, understanding, the avoidance of fuss, patience, the ability to gain confidence and, above all, a real knowledge of the difficulties are the essentials. Given these, confidence will be gained and with it readjustment. The process is, and must be, slow but it is practicable. With that success of readjustment we shall avoid much psychiatric disaster and domestic unhappiness and gain full value from the experiences of the war years. Without it we shall have resentment, bitterness and the foundations of future quarrels; its loss will affect not only individual happiness, but may even influence national and international conduct. It is a problem for serviceman and civilian alike.

TO OUR READERS

It is now hoped to resume our pre-war publication of four issues a year, instead of only three as at present.

Owing to high costs of production this necessitates the raising of the annual subscription from 3s. 6d. to 5s., which will entitle subscribers to receive four issues as and when published.

The cost of a single issue will, in future, be 1s. 6d. post free.

Psychiatric Aid in the Grammar Schools

By PAUL HALMOS, B.A., Dr.Juris.

In the great majority of our Grammar Schools "teaching" means subject-teaching to classes. It is by no means always a "talking-down" process on the part of the teacher: there are a few people in the teaching profession whose dynamic personality infuses life into the drab routine of even a Mathematics or French syllabus. Most of the "experienced" masters are "good disciplinarians" who regard their inevitable percentage of failures with philosophic equanimity. Their successes are the good examination results and these are shown up to the novices of the profession as criteria of educational achievement. There are only a few day-school heads who have the courage of disregarding percentage figures related to the general school passes and failures and who devise their timetables without too much worry about school certificate turnover. They cannot be disrespectful of their parent-clients' demands and forgetful of university standards because their value as headmasters is more often than not assessed on the basis of examination achievements.

And while the school certificate factories go on with their hum-drum shifts—with occasional short intervals of "workers' playtime" in the form of a weekly football match or of the meeting of the Current Affairs Society—some yearly products of school-leaving fifth and sixth formers enter life hopelessly unequipped, hesitating and bewildered.

The picture will, no doubt, raise an indignant protest from the complacent senior member of the Common Room and a doubting look on the face of the eager novice who is only too willing to change and improve things but cannot pluck up courage to experiment on account of his own emotional attachment to the traditional ways in which he himself was brought up. They will both agree in saying: "Surely, this is an exaggeration! It is not as bad as all that!"

In a sense it is not. The Grammar School is not responsible for infantile traumata and pre-school maladjustments. It is not responsible for family disorganization or present-day social disorganization. In short, it is not responsible for the neurosis of parents. But the vicious circle must be broken somewhere and it ought to be top-priority task of our educational system to attempt to do exactly that. Here the writer is preoccupied with the Grammar School sector of our education but his conclusions are claimed to be applicable—*mutatis mutandis*—to other sectors of primary and secondary education. The special responsibility of the Grammar Schools lies in the stubborn refusal by their academically trained staffs, to avail themselves of modern techniques which have recently been developed to counteract family maladjustments and to facilitate social adaptation within the school

community. One should have expected more open-mindedness, more insight and more enterprising leadership from those whose own educational opportunities have been so much more favourable.

The Mathematics master of Pinks Major knows only that Pinks hasn't done his homework but does not know that Pinks is an enuretic child who gets thrashed by father every morning when he "has done it again". The French master is delighted by little Hopper's proficiency in *les verbes irréguliers* but he has no idea how much little Hopper is disliked by his class-mates and how many kicks and sneers his top-boy has to endure. Later, probably Pinks will fail in Maths., Hopper will get a distinction in his subject, and neither of them will know the first thing about co-operative work and satisfying social contact.

The case of Francis, aged 12, in form IIc of a Grammar School for boys, may bring out the seriousness of unobserved and consequently untreated social maladjustments in our day schools. The writer carried out a sociometric test by a questionnaire containing two questions, "1. Name three boys in your form with whom you would like to share desks in the coming term. 2. Name those boys—if there are such—with whom you would definitely not like to share desks in the coming term: (you may leave this question unanswered unless you have a serious objection to any boy or boys in your form)."

Out of 28 boys only two were left entirely unchosen. One of these, Francis, received seven objections. There were only three other single objections to other boys who also received choices, and so it was manifest to the writer that he was confronted with a serious case of isolation and rejection. In his capacity as assistant master of an academic subject he had had no opportunity to establish Francis's isolation before this test was taken and he would not have had any opportunity without such an enquiry.

In the course of casual interviews with the seven objectors it was found that they all complained of Francis being dirty and smelly. The writer, not being in a position to approach Francis's parents on his own account, reported the case to the headmaster. The headmaster interviewed the boy's mother and tried to impress on her the seriousness of the school's findings, but the mother, who had four other children and had to manage on a low working class wage, did not show much understanding or co-operate satisfactorily. Further observation of Francis revealed that the boy was a sullen, suspicious and unsociable member of his form and that the objectors' reference to Francis's lack of cleanliness was to a substantial degree a rationalization. No appeal to social work agencies

was possible because their intervention would have been resented and protested against by the mother and would not have been legitimate anyway owing to the absence of any palpable form of maltreatment.

How, when and where can the subject-master apply methods of readjustment under the existing system of education?

It seems obvious to the writer that at least three reforms are essential if a beginning in mental prophylaxis is to be made within the framework of the educational system. (1) Psychiatric training of future teachers or/and the employment of psychiatric social workers by a group of schools. (2) Regular psychiatric education of parents preceded by intensive press and wireless propaganda to ensure their attendance. Such education would be more effective if the lecturers were those under (1) and the parents would be invited to the schools where their children actually attend. (3) The reduction of the academic-vocational syllabus and the introduction of free group-activities in the ordinary school-time. The extension of the school leaving age will permit us to slow down the rate of academic-vocational instruction and to postpone the date of the general school examination. In most continental countries no one can matriculate below the age of 18. Why must we be in such a hurry? The extension of the school leaving age provides us with an excellent opportunity; are we going to employ so many more Maths. masters, French masters and other subject masters to take charge of the increased school population or are we going to use this opportunity to heal, to readjust? Are we going to spend this extra year on verbal skills or on social skills? We may ask: How many of our schools have carried out the sociometric tests devised by Dr. Moreno to establish the degree of social isolation in which a child sometimes finds itself within the school-community? And how many graduate assistants have the skill, resourcefulness and the opportunity to embark on a scheme of group-readjustments whenever this appears desirable? Such methods and schemes have been used in the United States and their accounts ought to be available to our teachers' training colleges.

But the social psychology and sociology of education is not yet a particular interest of the training colleges. One only has to look at the advertisements of the Emergency Training Colleges. They want lecturers in Geography and Woodwork, in History and Physical Training; they don't seem to want anybody to instruct the future teachers how to deal with the Pinks Majors, the Hoppers and the Francises.

It must be admitted, however, that some of the more academic training institutions have realized the need for a sociological training of future teachers. The appointment of the late Professor Mannheim to the Chair of Education (Institute of Education), was a move in this direction.

The inculcation of a sociological awareness into the student teacher is merely the beginning of our immediate task. The teacher of a class of thirty or over may feel that the individual attention which is so desirable is well nigh impossible. There are, however, two considerations which he should bear in mind: (1) It is only under the present conditions, when sizeable curricula *must* be covered in a certain number of years, that there are not an adequate number of group activities set aside for the development of group-habits and of creative co-operation. It is usually after seven or eight periods of teaching that the assistant master is expected to run hobby-clubs, chess-clubs, to produce plays, etc. If these activities are incorporated into the regular timetable (at the expense of "subject-classes"), free group work will not be an additional strain on the assistant. (2) Those who have conducted such group activities with an eye on their therapeutic possibilities have found that repeated individual attention is required by the school "problem group" only—a minority, but an infectious, disorganizing minority if not attended to. Hand-work and hobby afternoons (and not 45 minutes periods), production of plays, excursions, etc., should occupy generous slices of the school-day instead of miserable, few minutes periods of it, or instead of the notorious practice of delegating these activities outside the school-hours into the evening. If such activities are democratically organized and the teacher's role becomes advisory instead of authoritarian, he will be able to exploit the advantages of an observer and attend to individual cases. To what degree his intervention ought to be therapeutic is a matter for further enquiry. Needless to say that he will have to be fully informed of the family background of his pupils. It is only in rare cases that subject masters or even form masters are acquainted with the social background and history of their pupils. If there are any such recorded data to be found on the school premises they are most likely to be in the Headmaster's bureau. These data are not usually revealed by discreet Heads. No "sociological awareness" is of much use to the young teacher if Heads and seniors do not partake in at least some of this awareness. The present state of affairs when some school staffs are not only distrustful but often derisive of Child Guidance Clinics reflects the tone predominant in secondary education.

No doubt, class instruction under disciplinary conditions is as yet inevitable with the present teacher-pupil ratios, but the time has come to venture outside the traditional barriers and away from the following things: (1) The lecturer-audience relationship in the class-room necessitating rigid disciplinary measures. (2) The overwhelming amount of time spent on vocational-academic instruction and practically nothing on the development of social skills. (3) Very limited

Residential Schools for Epileptic Children in England

By J. TYLOR FOX, M.D.(Camb.), D.P.M.

Late Medical Superintendent, Lingfield Epileptic Colony

This article was included in a symposium on "Epilepsy in Childhood" which appeared in The Nervous Child (Child Care Publications, Baltimore, U.S.A.) for January, 1947.

We cordially recommend that the whole symposium should be obtained and studied by everyone concerned with epileptic children. The articles are designed to show how the educational and medical needs of such children are being met in the States, and an attempt is made to assess the psychological factors in the causation or maintenance of fits and the personality changes resulting from them or from the social frustration involved. Further, the symposium seeks to define the scope and methods of psychological treatment and draws attention to an educational and medical problem too often neglected in current medical textbooks.

It should be noted that Residential Schools for Epileptics are almost unknown in the United States, and the article which follows was written largely for propaganda purposes.

J.T.F.

At the Lingfield Colony for Epileptics in Surrey, England, we have 255 children between the ages of five and sixteen attending our Residential Special School. They are sent here by Local Education Authorities from all parts of England, who pay a weekly fee to cover education, maintenance, medical treatment and clothing. Only "educable" children are admitted, or retained, an intelligence quotient of 60 being taken as the lower limit of educability. Until April 1945 every child was certified by a School Medical Officer to be suffering from epilepsy so frequent or so severe as to render him unfit for attendance at a public elementary school; but under the new Education Act the certificate only states that he requires, on account of epilepsy, treatment at a Special Residential School. As residential accommodation of this type is limited, we tend to receive a rather high proportion of children whose epilepsy is severe or who present serious behaviour difficulties. On the other hand we have always received a fair number of children who are subject only to pyknoleptic attacks, and others who have fits only at night, so that unfitness to attend a day school has been rather generously interpreted. There are four homes housing 155 boys, and three homes for 100 girls, classification in the homes being by age. The school is under the charge of a head master with ten whole-time assistant teachers, three of whom (domestic science, woodwork and gardening) are specialist teachers. In the junior section of the school, boys and girls work together. Grading of the scholars presents a difficult problem to which there is no ideal solution. Age, intelligence, temperament and attainment have all to be considered, and the best possible compromise adopted.

In addition to the school children, there are 200 patients in the Colony over the age of sixteen. These share with the children the use of a large hall fitted up for cinemas, entertainments, religious services, dances etc., and a hospital, with trained

nursing staff, where all cases of serious illness, including serial fits, are cared for. There are two resident Medical Officers, and visiting specialists for eye, ear, nose, throat and dental troubles.

As I am now leaving Lingfield after being Medical Superintendent for over 28 years, during which time over 2,000 children have passed through the Colony, it occurred to me that a few observations about the value of Residential School treatment for epileptic children might be of interest.

Some Advantages of Residential School Treatment

This subject can first be looked at from the point of view of others with whom the child lives, whether at home or school. If he has many or severe attacks, if he cannot get on with his parents or brothers and sisters, if he must never go out of doors unescorted, if there is no one at home to give him the supervision, guidance and companionship that he needs, it is obvious that his transfer to a Residential School is called for in the interests of the rest of the household. In many small homes the presence of an epileptic child is an almost intolerable burden, which ought to be lifted. Similarly in the classroom, it is questionable how far it is fair to his schoolfellows to submit them to the distraction and the disturbance of that rather unpleasant phenomenon, a major epileptic fit. Given the right type of teacher, much may be done to lessen the ill effects and even to develop a fuller spirit of comradeship arising out of sympathy and understanding, but this is asking rather much of teachers who are in my experience not unsympathetic towards epileptics, but would prefer to show their sympathy in some other place than a crowded classroom. One does not want to multiply institutions, and if universal intelligence and understanding could be assured, there would be much to be said in favour of the retention of almost all handicapped children in their homes and at normal schools

but in an imperfect world it seems clear that, whether in home or school, the happiness and well being of others is often prejudiced by the presence of an epileptic in their midst.

The paramount advantage to an epileptic child of admission to a Residential School is a psychological one. He at once becomes a normal member of the community in which he lives. In the outside world he has always been regarded as someone special: often, it is true, as someone meriting special sympathy, but just as often someone to be rather afraid of, and fear may have degenerated into dislike. The common belief that epilepsy is inextricably tied up with mental abnormality may have led to a quite unwarranted assumption that he is in some ways not quite "all there". Unwittingly, and no doubt unwillingly, society builds up in the mind of an epileptic child the impression that he is not wanted, an impression that becomes a certainty if he is excluded from attendance at school. The penalties of exclusion may indeed be modified by home instruction, but home instruction is at best a poor thing from the point of view of education in the narrower sense, and no good at all from the point of view of education in the broader sense. In the Residential School all this is changed. In the classroom or the playground any sense of inferiority disappears at once. If there are certain restrictions on his activities, e.g. swimming, climbing ladders or trees or the like, they apply equally to all among whom he lives. He neither receives nor deserves more sympathy or less welcome than any of his fellows. Thus he makes a fresh start in life as a normal boy. If it is difficult to overestimate the importance of this change of outlook on the mind of a growing child. Abnormalities of temperament leading to conduct difficulties and definite episodic outbursts of mental disorder of varying grades form an integral part of the epileptic picture in many cases, but on the other hand many epileptic children are unable to adjust themselves happily to their environment merely because of the frustration and sense of inferiority that that environment has thrust upon them and which disappear like snow in sunshine in a Residential School. Certain it is that many children whose conduct in the past has caused a great deal of trouble settle down quickly as reasonable and amenable members of society, and here too we may find at any rate one reason why so many cases, on admission to a Residential School, start off with a considerable period of freedom from fits. In a small minority the freedom persists; in most cases it is temporary, lasting for weeks or perhaps months. In removing long continued anxiety or unhappiness or just boredom, we are undoubtedly removing a powerful precipitating cause of fits in many cases of established epilepsy, or it may be that there has been some factor in the home environment which has become conditioned as a fit starter. Epilepsy is very rarely, I believe, a disease of psychogenic origin, but the course of the complaint as well as the

ability of the patient to live in harmony with those about him may be profoundly influenced by his environment. In this connection, I must record my belief that an undue proportion of our children come from broken homes, or from a family life marred by disharmony and strain, but there are no control figures for the population generally wherewith to substantiate this belief.

Over the common denominator of a liability to fits, a large group of children is assembled varying, not only in the number and type of their attacks and the pathological conditions underlying those attacks, but also in intelligence, attainment, temperament, social adaptability and home training. Generalizations about epilepsy therefore, are almost always misleading, or need very careful qualification, and effective treatment presupposes effective study and understanding of the individual case. It is only in a Residential School that this individual study becomes possible. The information gained by interview and personal observation by the medical officer can be amplified by discussion with the school teacher and house attendant or nurse. In building up a picture of his personality, there will be added to serial intelligence tests and records of school progress, an account of the child's reaction to class discipline and, most important of all, of his ability to mix with his fellows in his leisure time, his powers of self employment and of creating and following up interests of his own choice. Assuming that he has in addition a fairly complete pre-admission history from parent, school teacher and doctor, the medical officer of the institution is surely in a very strong position to give, where it is needed, such counsel to the individual boy or to others as will give him the best possible chance of being set on the road towards social efficiency. Periods of irritability and awkwardness can, often with the help of the fit chart, be predicted, and steps taken to avoid or mitigate them, right friendships encouraged, leisure time occupations suggested and, in a word, common sense psychotherapy carried out more effectively than would be possible in any out-patient clinic.

So much for the drive towards giving the child social efficiency, a matter at least as important in most cases as medical treatment in the narrower sense. In the latter field too the Residential School gives unique opportunity for observation of the individual case. The time of each fit, whether by day or night, can be accurately recorded, and first hand fit descriptions by experienced observers are available. The localizing value of the aura is supplemented by precise observation of how and where the attack starts. These records, taken in conjunction with the personal and family history, enable the medical officer to decide which cases call for electro-encephalography or for the more serious procedure of air encephalography. The number of cases, whether due to local scarring or space-filling lesions, which will ultimately come into the hands of the neurosurgeon will be very small, but they can be more certainly sorted out in a Residential

School than elsewhere. The electro-encephalograph, will also help in cases of doubtful diagnosis, but in my experience few cases other than those of genuine epilepsy (essential or symptomatic) find their way to a Residential School, and where hysterical or even deliberately assumed attacks occur, they more often than not prove to be superimposed on a true epilepsy. Hystero-epilepsy is a term to be avoided. Epilepsy plus hysteria is a diagnosis that will cover most of the halfway cases.

For effective drug treatment, correct and complete fit records are a *sine qua non*, but the observation of side effects of drugs is also of great importance. The irritability occasionally set up by phenobarbital may be missed unless trained observers, who see the child when he is off guard, watch for it. The correlation of acne or of more serious bromide rashes with bromide medication may easily be overlooked. But it is with phenytoin that this type of observation is of really first class importance, because there is often little or no margin between the anti-convulsant and the toxic dose, and the manifestations of toxicity are so manifold. Nausea, dizziness and rashes, with or without pyrexia, usually, it is true, make their appearance within the first few days, but in our experience ataxia, sufficient to cause staggering, may appear suddenly when the patient has been taking the same dose of phenytoin for months or even years. It is always accompanied and usually preceded by nystagmus. Gum hypertrophy is a common and troublesome symptom but, in our experience, scraping off the hypertrophied tissue is a satisfactory procedure in the more severe cases and is usually followed only by slow and moderate recurrence. One must always be on the lookout for other signs of phenytoin toxicity. We have seen patients with periodic severe abdominal pain with pyrexia, sleepiness, sleeplessness and various personality changes that have appeared long after medication had been started, and which disappeared rapidly on its cessation. One is driven to the conclusion that, except in small doses and with frequent visits to the doctor, phenytoin is best avoided outside residential institutions, or at any rate should not be pushed.

But it is not only in the treatment of the individual child that the Residential School could and should be more effective. It provides also scope for observation and research along certain lines that cannot be found elsewhere. Accurate fit recording forms the basis for a fascinating study of periodicity, whether long term, measured in days, months or seasons, or short term, measured by the clock through the twenty-four hours. The establishment of peak times, which may be seriously upset by drugs especially phenobarbital, suggest electro-encephalographic and biochemical enquiry as to what is happening at and between those times. The effect on fit incidence of emotional or intellectual stress can be noted, as also the effect of fit incidence on the temperament and intelligence. These and other lines of investigation that readily

spring to mind would not be carried out, as most institutional investigations have been carried out, on a group of older patients with firmly established epilepsy and progressive mental deterioration, but on children whose epilepsy would often be of recent origin, and many of whom would possess intelligence up to the normal.

Some Drawbacks of Residential School Treatment

The most common parental objection to a Residential School is that seeing other children in fits will make their child worse. Experience shows that there is no foundation for this belief. Rather is he reassured by the entire absence of upset caused by a fit at an epileptic school. Indeed if only the general public would learn to take epileptic attacks in their stride as we do, the lot of epileptics in the community would be immeasurably lightened. A more serious objection is the loss of family life and the limitation of social contacts to the little world of school. This may be partly met by encouraging visitors—at Lingfield we have no set visiting days, and on fine weekends the Colony looks like a general picnic ground. Holidays at home are a more difficult problem. Setbacks in behaviour or in fit incidence have, perhaps, discouraged us too much, and generally speaking we have tried to limit holidays to one period a year. Shops in a nearby village, and not an institution store, should be used for the purchase of sweets and toys, and frequent games matches should be arranged with neighbouring schools. Outings to the seaside are a help. The fight against institutionalization is a particularly important one for children of good intelligence and low fit incidence, who can reasonably be expected to take a full place in the community when they grow up; and early discharge of such children should be carefully considered, so that they may take up a job from home and day school, rather than direct from a special Residential School with the epileptic label attached to it. Everything must be done that will ease the transition from institution to community. When children remain at the school to the age of sixteen or beyond, it is fair to introduce a vocational element into the curriculum for the last year or two, and epileptic children need, perhaps as much as any other handicapped group, close and systematic follow up by sympathetic and experienced workers. It is no exaggeration to say that upon the efficiency of the after-care service the value of the work done at a Residential School will ultimately depend. After-care reports should be submitted to the Medical Superintendent, whose advice should always be available. A further objection that may be raised to Residential School treatment is that of expense. Our present inclusive weekly charge is 46s. 6d. which is considerably less than that commonly made for the blind or crippled.

Some Suggestions about Organization

Experience can be my only excuse for offering a few observations about organization. The

necessity for brevity must be the excuse for apparent dogmatism. The school should be a complete unit, not part of a larger institution for epileptics. Older patients in institutions are mostly chronic cases, going downhill mentally, and children should have no contact with them.

It is well to remember that 25 hours are spent in school each week, and 143 out of school. It is out of school that provides the greater scope for character building. Co-operation in games, music, dancing and acting, the discovery of individual interest or talent in art, craft or hobby—these are the things that will destroy the feeling of inferiority and enable the epileptic to regain a place in the community.

About three places will be needed for boys, to every two for girls. Girls, with or without fits, can be tolerated and made useful at home; boys are just a nuisance!

A lower limit of intelligence at an I.Q. of 70 or 75 would make for increased educational efficiency and social harmony, but the school needs of the lower grade would then arise. In this country "ineducable" children (I.Q. 60 or less) are provided for under the Mental Deficiency Acts. Certain it is that the more low grade children admitted, the fewer high grade children will come, and the high grade epileptic who needs a Residential School should be our first concern.

The question of admitting very difficult or delinquent children needs careful consideration. In England admission to "Approved Schools" (formerly known as reformatories) is denied to epileptics. Application on behalf of delinquents is, therefore, made to Residential Special Schools such as Lingfield. Some of these applications we accept, some we turn down. Of those accepted, many, perhaps the majority, mix in well with our other children, but some show no improvement and are definitely detrimental to their fellows. We can request their removal, but to return them to their homes is a grave social mistake. The

most common types are the dangerously aggressive and the chronic absconder; the petty pilferer or thief takes a fairly low third place; and the sex offender is a very long way behind. In fairness to others these children should be kept out of an ordinary Residential School for epileptics. The numbers may be small, but are probably large enough to merit special provision. In this country plans are being considered, with the encouragement of the Ministry of Education, for starting an experimental school for from forty to sixty "maladjusted epileptic" boys.

The family, as opposed to the institution, atmosphere is best maintained by small houses, say of fifteen or twenty children. But these are more expensive, especially in staff. A night nurse can supervise sixty beds as easily as twenty. A hospital or sick bay with fully trained nursing staff is essential, but full hospital training is not necessary for the staff in the children's homes. The elements of child care and management can be taught on the premises and supplemented by simple talks on epilepsy from a Medical Officer. A sense of vocation is generally more valuable than elaborate training. If the vocation has a religious basis so much the better. Epileptics will not fail to respond to it. The existence of the right spirit among the staff is all important. This is a platitude, but it is as true as it is hard to achieve and maintain.

Summary

On the basis of experience an attempt has been made to define some of the advantages of Residential School treatment for epileptic children. Removal from home or day school, indeed, may lift a burden that it is unfair to ask others to bear. For the child himself, the roads to social efficiency and to effective medical investigation and treatments are more easily traversed at a boarding school than elsewhere. Certain drawbacks to this method of dealing with epileptic children are discussed, and a few suggestions about organization submitted.

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opportunity for spontaneous participation in group life.

The time has also come to explore in what manner and to what extent school staffs could participate

in psychiatric community work. Education without mental prophylaxis is a failure. In its present form it is a tamed, convictionless version of its mediaeval predecessor.

The Contribution of Alfred Adler to Mental Health

By J. H. WALLIS

Joint Organizer, Windsor Mental Health Association.

The conception of Mental Health is not easy to define although in practice there is a large common measure of agreement among investigators and practitioners in its ever-widening field of endeavour. Some regard it as a state of satisfactory balance between conscious judgment and unconscious drives, motives and desires; others as a readiness to fit into the environment and accept the responsibilities involved. But few to-day would disagree with the suggestion that Mental Health involves fitness for life.

This idea is the basis of Adler's teaching, implying as it does the common use of fitness in its athletic, physical sense and also in the sense that a person fits into his situation, that his responses and activities are relevant and fitting to the demands made upon him.

This view does much to explain the difference between formal psychology and Mental Health. It is not unlike the difference between academic philosophy and moral philosophy.

Much progress has been made in the attempt to make psychology a science. To do so of course implies relative measurement and units but there still remains a large group of factors that are highly speculative and hypothetical. One cannot as yet measure emotion, compare the intensities of the same emotion or even satisfactorily classify emotions, still less aims, ideals and convictions.

The nearest one can get is the comparative measurement of the rate of perception and this does not get one very far. And so two diverging lines of investigation have appeared: scientific psychology and Mental Health.

Scientific psychology is concerned with ability (for example, intelligence), Mental Health with the purpose to which ability is put. The former is a psychology of possession, the latter a psychology of use and meaning. Adler can be said to be the founder of the latter.

The importance of this distinction becomes apparent from the fact that ability is largely, perhaps wholly, innate and constant throughout a person's life, whereas the use he makes of his ability is subject to maturation, and is very largely an emotional matter.

Forty years ago Adler, who like Freud had been investigating hysteria, published a paper on psychological compensation for organic defect. This led him to one of the foundations of his teaching, the unity of mind and body. This relationship had long been the concern of philosophers who had merely confined themselves to discussion as to which was the superior authority. Christianity had lent powerful support to the view that the spirit could be willing though the flesh was weak.

Recently Adler's view has been expressed by what is a little pompously called psychosomatic medicine. Adler expressed himself more clearly by insisting that Health means Wholeness—even etymologically. Adler however went farther than this and always insisted on the unity of the personality. This was the first split with Freud's teaching which postulates the division of the personality into conscious and unconscious elements which can be and usually are in conflict.

Those—and there are many—who cannot accept the idea of the unity of the personality even though they act upon it, are usually confused by the second fundamental difference in the teaching of the two masters, Freud's being causal and Adler's teleological. We can only understand a person's behaviour, Adler taught, when we appreciate his aim: we shall then see that his actions make sense. Adler asks—What is this person seeking to achieve? Freud—What elements of his personality are in conflict?

Anyone who to-day is actively engaged on Mental Health work must sooner or later find himself on the borderland of ethics. If an individual is in conflict with the demands of his situation, we must ask which is at fault and which should be changed. Most Mental Health Workers act on the logical assumption that since problems of behaviour can be resolved into questions of relationship, adjustment should come from both sides. Hence the need of Psychiatric Social Workers to supplement the work of Psychiatrist and Psychologist in a Child Guidance Clinic. But nevertheless there must be some ethical standard implied. Is the individual entitled to have his own way as far as conditions permit—and if not, why not?

One answer is provided by the "Gemeinschaftsgefühl" of Adler's teaching—usually translated as Social Feeling or Social Interest. It amounts to good-will—a willingness to co-operate with others and contribute to the well-being of the world both in the present and towards the future. Adler continually stressed that all the relationships of life, at home, at work, in love and marriage, demand Social Feeling for their successful development. His treatment was always directed towards an increase in the Social Feeling of his patients and pupils. It will be seen how far this approach differs from the disinterested detachment of scientific psychology.

The Adlerian method of treatment is similarly a direct and personal approach. There are two stages, diagnosis and encouragement. By seeing the world through the eyes of the patient, by understanding his aims and ideals and the meanings that he attaches to life (his "scheme of apperception") the psychiatrist should not be long in

laying bare the characteristic "life-style" of the patient. He must then show the patient how he is employing devious methods for purposes that do not fit the responsibilities of civilized life or his own personal situation.

The second stage consists of building up on whatever degree of Social Feeling the patient may possess and renewing his courage. The first sets him free, the second shows him opportunities for using his freedom.

At a stage in the world's troubled history where man's technical and intellectual achievements have so far outstripped his emotional maturation,

where means have developed with almost bewildering acceleration and ends remained largely undeveloped since the days of Plato, Adler's insistence on a teleological understanding of human nature and the assessment of behaviour in terms of Social Interest shows itself as a contribution whose importance can hardly be exaggerated. Optimism is not highly valued to-day but surely there is good ground for hope in the separation of formal psychology from Mental Health. Adler's last book had the subtitle "A Challenge to Mankind" and it is encouraging to observe how far, though often unacknowledged, his challenge is being accepted.

News and Notes

"For Services to Mental Health"

The awarding of a D.B.E. to Miss Evelyn Fox—for 34 years Hon. Secretary of the Central Association for Mental Welfare—is a fitting recognition of outstanding service given to the mental health movement.

With all the constituent bodies of the National Association for Mental Health she was closely connected from the outset and in their final amalgamation she played a leading and indispensable part.

Although her heavy responsibilities are now lightened, her link with the Association's activities is still close and it is a matter of satisfaction to her fellow-workers that as a member of the Executive Council and of its various Committees, her long experience and her wise counsel continue to be at their disposal.

It is perhaps worthy of note that the citation attached to this award runs as follows: "for services to mental health". Is this the first occasion on which such a term has been used? If so, it may surely be taken as indicating a growing awareness of the contribution which workers in the mental health movement are making to the welfare of the community.

Other Birthday Honours

To Dr. Norwood East (formerly one of H.M. Prison Commissioners) who has been awarded a Knighthood "for services to study of criminal psychology", to Dr. D. K. Henderson, Professor of Psychiatry, Edinburgh University, also knighted, and to Mr. P. Barter (Chairman of the Board of Control) who becomes a C.B., we would further offer our warm congratulations.

Windsor Mental Health Association

This Association was formed in September 1946. The organizers decided that with a new Group it was best to offer something definite to prospective members and accordingly arranged a programme of thirteen fortnightly lectures throughout the winter. The subjects covered were Mental Health at Home, at School and in Adolescence, Child Guidance, Family Relationships, Marriage, Delinquency, the Medical Aspect, and Mental Health as a Social Service; the final lecture was from the Moral and Religious point of view. An introductory address was given by Dr. Doris Odum.

Other speakers included Dr. Kenneth Soddy, Miss Norah M. Gibbs, Miss Robina S. Addis, Dr. W. I. Doherty, Dr. Issac Frost, Dr. Ethel Dukes, Dr. Gerald Caplan and Professor L. W. Grensted.

Originally the Association was formed for the winter season only but at its final meeting in April, it was unanimously decided by the members to put it on a permanent footing and to elect a Committee. It was also decided to hold a short Educational Conference in Windsor which took place during the Whitsun week. The programme of lectures at the Conference was mainly designed for teachers and social workers, and the delegates included a party from Manchester. The Conference was a great success and it is hoped to repeat it, as well as to provide a further course of lectures, during the coming winter.

The Association hopes later to be affiliated to the National Association for Mental Health with which it has been in close touch throughout.

This is an example of voluntary enterprise and initiative which might well be followed by other areas and we should like to take the opportunity of congratulating the Joint Organizers, Mr. George Foster and Mr. J. H. Wallis, (a contribution from whom is published on another page) on their energy and initiative.

Association of Parents of Backward Children

The founding of this Association and of the News Letter circulated monthly to its members, is an example of individual enterprise on the part of an overburdened but undaunted mother of a defective child, which should be specially commended.

The venture arose out of correspondence in the *Nursery World* which strikingly disclosed the isolation and helplessness felt by parents of this particular group of handicapped children and their desperate need of help and advice, and the number of letters which have since reached its Founder and Editor is an indication of the support awaiting her.

The Association is out to champion the cause of educationally subnormal children (particularly of those excluded from school) and to promote community care, Occupation Centres, and other forms of help, based on "a recognition by all engaged on this work

that these children are not a sub-human species but have human rights and feelings to be considered".

The two roneoed issues of the News Letter so far published contain—in addition to letters from parents—items of news, book reviews, and an editorial written in an interesting and vigorous way. There is, perhaps not unnaturally, an inadequate appreciation of the difficulties with which Local Authorities have been faced during the war years and are still faced, so that even the most enterprising of them are unable to carry out plans the need for which they fully accept; and secondly, no mention has yet been made of the activities of Local Voluntary Associations for Mental Welfare who, for many years, have laboured to promote the welfare of defective children and the opening of Occupation Centres. Attention might also, it is suggested, be drawn in a subsequent issue to the willingness of the National Association for Mental Health to help parents in need of advice about Schools, Homes or methods of training.

With this one note of criticism, we wish for this gallant effort, every success, and assure it of our sympathy.

Further information may be obtained from The Editor and Founder, 8 Westfield Avenue, Harpenden, Herts.

Family Service Units

We are glad to publish the following announcement which has been sent to us by the General Secretary of this new organization. Many of our readers will know of the pioneer work from which it has sprung, through the account of it given in "Problem Families", which we reviewed in a previous issue. Further particulars may be obtained from the Officer of the Organization, 85 Clarendon Road, London, W.11.

Lord Balfour of Burleigh, who had been impressed with the magnitude and urgency of the problems arising out of the below-standard family through his work in Housing, recently contacted Pacifist Service Units, and after discussion took the initiative in calling together representatives from London, Liverpool and Manchester to explore the possibilities of developing the work. At this meeting it was unanimously felt that the service pioneered by P.S.U. should be established on a permanent basis, to do the work on a wider scale, and under the auspices of a more representative body.

It was decided to call the new body *Family Service Units* and a responsible National Committee was formed with the co-operation of such organizations as the National Council of Social Service, the Family Welfare Association, N.S.P.C.C., the National Association for Mental Health, the British Federation of Social Workers, the Women's Group on Public Welfare and the Salvation Army. Individual members of the National Committee include the Archbishop of York; Cardinal Griffin; Mr. John Watson, Chairman of the South East London Juvenile Court; Sir Lancelot Keay, City Architect and the Director of Housing, Liverpool; Rt. Hon. Margaret Bondfield; Mr. Seebohm Rowntree. The Honourable David Bowes Lyon was appointed Chairman of this Committee. The co-operation of the Ministry of Health, the Ministry of Education, the Home Office and the Assistance Board was promised.

The Committee plan first to take responsibility for the existing work in Liverpool and Manchester, and then to establish a new Unit in London as soon as personnel becomes available. The work of the committee will continue for some time to be experimental and among its objects is a comprehensive investigation into the

nature, extent and causes of this form of social subnormality.

It is estimated that a sum of £15,000 is needed to maintain these Units for an initial experimental period of two years. The financial response is not yet sufficient to warrant the full establishment of the scheme.

We believe that with the help of all those interested in the problem this sum can be raised. There is an urgent need for the work and we know it has a strong appeal to the general public.

Community Care of Epileptics

Employment

The Disabled Persons' Employment Corporation Ltd. set up under the Disabled Persons' (Employment) Act of 1944, to provide sheltered employment for severely handicapped workers on the Register, plans for the establishment of some 50 "Remploi" Factories within the next twelve months, a small proportion of which has already been set up.

The experience of one of these—at Salford, Lancashire—is particularly interesting to those concerned with the employment needs of epileptics. It was at first deemed necessary to separate this particular group of handicapped workers, from the other employees who, it was feared, might resent or fear their presence. After a short trial period, however, these apprehensions were found to be unfounded. The dividing partition was taken down and the six epileptics joined their fellows and were readily accepted by them. It was found moreover that fits (of which careful records were kept) decreased to a remarkable extent as a result of the occupation and companionship provided by the Factory, and that there was a notable increase in happiness and stability.

It should be recorded that during training under this scheme, workers are paid at the rate of 1s. 9d. an hour, which gradually rises to the ordinary Trade Union rate if full productivity is attained. Provision is, however, made for the continuance of a lower rate if a normal degree of efficiency cannot be reached.

We shall watch with great interest the progress of the epileptic group employed in other "Remploi" factories and shall hope, in a later issue, to give some further account of the experiment.

Convalescent Home

The National Association for Mental Health hopes that its Convalescent Home for epileptics—in Ashdown Forest—will shortly be able to open its doors.

The Association is glad to be able to record a generous gift of £800 received from the King Edward Hospital Fund to help to meet capital outlay on the Home, with a promise of possible further help.

National Health Service Act

A circular issued by the Ministry of Health requests Local Health Authorities (County Councils and County Boroughs) to submit proposals not later than October 31st, for carrying out certain provisions of the new Act (which is now to come into force on July 5th, 1948).

Included in the relevant Sections is that which empowers such Authorities to provide "care and after-care" for "persons suffering from illness or mental defectiveness" (Section 28). By definition (Section 79) "illness" includes "mental illness and any injury or disability requiring medical or dental treatment or

nursing", and it has been ascertained that the projected community care can cover the categories of neurotic and unstable persons, psychopaths, psychotics and those who are mentally subnormal, but not certifiable under the Lunacy, Mental Treatment or Mental Deficiency Acts. An opportunity is thus given for the development of greatly extended statutory mental health service of which the After-Scheme for psychiatric casualties discharged from the Services carried on by the National Association for Mental Health for the past four years, is a possible prototype. The Association is giving close attention to this question and is prepared to place its experience and its available facilities at the disposal of local authorities and other bodies concerned, if invited to do so.

It should be noted that under Section 20(2) of the Act, proposals made by local authorities must be submitted to every voluntary organization in the area which provides services of the type concerned, and that within two months of receiving such proposals, the organization may make recommendations for their modification.*

A Circular issued by the Ministry on June 17th, announces that for the purpose of administering the functions transferred from the Board of Control, to the Minister, in accordance with Section 49 of the Act, a Mental Health Division of the Ministry of Health has been established. To this the members and staff of the Board have been assigned, but the Board itself will continue to function as before in regard to "quasi-judicial functions relating to the liberty of the subject".

Both the Mental Health Division and the Board will operate from 32 Rutland Gate, Knightsbridge, London, S.W.7.

Approved Schools for Maladjusted Children

The National Association for Mental Health has been asked by the Home Office to establish two Approved Schools—one for senior boys and one for senior girls—to meet the needs of children dealt with under the Children and Young Persons Act, 1933, found to be in need of special psychological handling and treatment.

This invitation has been accepted by the Council of the Association and the work will be begun as soon as premises, equipment and staff can be secured.

It is felt that such a venture will constitute an experiment in the field of Juvenile Delinquency likely to be of outstanding value, and we hope in our next issue, to be able to report that substantial progress in the preliminary stages of preparation has been made.

A School for Speech Defects

The first School exclusively for the education and treatment of children suffering from speech disorders, has been opened in Surrey, where 30 children at a time will be taken for periods varying from two months to two years according to the nature of their particular defect.

It is considered that there are four main groups likely to benefit from this provision: (1) Aphasic children, (2) Children who have undergone operations for cleft palate. (3) Children with articulation defects (particularly those due to cerebral palsy) uncomplicated by mental deficiency or serious physical disability. (4) Children suffering from certain other types of speech disorder needing full clinical investigation and intensive treatment.

* As we go to press a further Circular (No. 100/47) has been issued for the guidance of local authorities in planning their Mental Health Services. H.M. Stationery Office, 2d.

The School is approved by the Ministry of Education and the majority of children are likely to be sent by Education Authorities. It is being run in conjunction with the Speech Therapy Department of the West End Hospital for Nervous Diseases and will provide for resident students in the subject. The premises have been given by two generous donors, but an appeal for donations towards the cost of furnishing and accommodation is being made.

Further particulars can be obtained from the Hon. Secretary, Moor House School, Hurst Green, Oxted, Surrey.

Homes and Hostels for Defectives

The National Association has re-opened at Bognor Regis, one of the Holiday Homes which, before the War, were so popular and met such an urgent need. Accommodation is now fully booked until the middle of November, and applications for 1948 are already in hand. Parties can be received from Mental Deficiency Institutions, Occupation Centres, Agricultural Hostels, Colonies for Epileptics and Mental Hospitals.

A generous gift of £600 has been received towards the expenses of a Hostel for high-grade mentally defective girls and women who, after a period of institutional training, are considered suitable for daily domestic employment. It is hoped that suitable premises may be secured in Sussex, preferably in an area containing a hospital in need of domestic help.

Training Centre for Neglectful Mothers

The Elizabeth Fry Training Centre for Mothers convicted of Child Neglect, to be opened shortly, is an experiment which will be watched with great interest and sympathy by all who are concerned with the preservation of family life.

The Centre will accommodate six mothers on probation who have agreed to enter voluntarily as an alternative to a prison sentence. Each applicant for admission will be given an intelligence test plus a medical and psychiatric examination before being accepted, in order to ensure their capability for benefiting from the training given.

Mothers will be accompanied by their younger children and will stay at the Centre from 3 to 6 months. Separate rooms will be allocated to them so that individual home-making can be taught, and the staff will consist of a resident warden and wife, an assistant warden, and a nurse holding a nursery nurse's diploma. The services of a visiting psychiatrist and psychiatric social worker will be available, and the latter will co-operate with the Probation Officer in maintaining the mothers' ties with husbands and older children.

The scheme, in its experimental stage, must be financed entirely from voluntary funds, and the £3,000 collected up to date can only cover expenses for one year.

Further particulars can be obtained from the Hon. Secretary, Elizabeth Fry Centenary Fund, 21 Bloomsbury Street (Room 220), London, W.C.1.

Industrial Neurosis Unit

The attention of our readers is called to the following information kindly provided by the Medical Superintendent of the Sutton E.M.S. Hospital.

An industrial neurosis unit comprising one hundred male beds was opened at Sutton Emergency Hospital,

Sutton, Surrey on April 1st, 1947. Patients are admitted who have a neurosis and employment difficulties; they come mainly from the Employment Exchanges having been referred by the Disablement Rehabilitation Officer (D.R.O.) to a Psychiatrist who, if he thinks fit, sends a report to the industrial unit requesting admission. Other patients may be referred by the Ministry of Pensions or direct from Psychiatric Out-Patient departments. In the meantime the scheme is limited to the London and South Eastern district.

The general treatment programme is the same as for neurotic patients in general: individual psychotherapy, group treatment, educational and social methods, and physical methods of treatment are all used.

Allied to treatment are occupational therapy and work therapy. By work therapy we mean occupation while still in hospital, carried out however, in a normal work environment (firm, shop, farm, Government Training Centre, technical institute, etc.). This outside employment for patients who are still in hospital depends on enlisting the help of an increasing number of local employers, and gives us a much bigger range of occupation that is possible with workshops in the hospital itself. The patients, who are at their occupation one to two hours a day, are there to see the conditions of work, but are in no sense employees: they can lend a hand as required, but are displacing no one, and are of course unpaid. An accident is considered as occurring during the course of treatment, and would be a hospital responsibility and not the firm's.

Occupational therapy includes all occupations carried on within the confines of the hospital. We are developing workshops in hospital to cover some of the basic trades—e.g. bricklaying, plastering, hairdressing, tailoring and gardening, each with its own instructor taking small classes of 12 men.

The varied range of occupational and work therapy offers excellent opportunities for vocational selection. The psychologist uses routine vocational testing, but of more practical value is the placement in a real work environment, and a study of the patient's reaction to this environment. Frequent changes of occupation are possible and of value in aiding vocational choice.

The patient's stay will probably be limited in most cases to two months or less. By the end of this time however, the psychiatrist, psychologist, D.R.O., and instructor or employer, psychiatrist social worker, and nursing staff, will have formed collectively a fairly clear idea as to the man's value on the labour market. Some men will be ready to go into ordinary jobs and as far as possible we plan to have these finally arranged before leaving hospital. Others will be considered fit only for sheltered employment and here the help of a friendly employer willing to accept the man despite definite disability is our aim. Later when more "Remploy" factories are available for the severely disabled it may be possible to place some of our patients through this channel. Finally, there will inevitably be a residue of patients who are considered unfit for any form of employment; these should be removed from the books of the Ministry of Labour and referred to Public Assistance.

In conclusion it must be remembered that we are dealing with the failures on the labour market, men who are frequently constitutionally poor material and have never settled to any job; under these circumstances we must avoid undue optimism.

Voluntary Social Service Inquiry

Under the Chairmanship of Lord Beveridge with a Committee of Assessors an inquiry is being conducted

for the purpose of examining the implications of the principle that "social security must be achieved by co-operation between the State and the individual" and to consider methods of putting it into practice.

Part of the Inquiry will, of course, deal with the changed position of the Friendly Societies when the National Insurance Act comes into force, but a much wider field will also be covered. To quote from the official announcement:—

"It is concerned with all the different ways in which individual citizens may come together freely for mutual service. It will aim at covering all forms of Voluntary Social Services; those which provide for the care of the aged and that of children; those furnishing opportunities and incentives for a fuller use of leisure, whether in recreation or study; and those whose function is to promote the sense of neighbourliness and community. It will also consider how those who possess the time and means for voluntary social service can most effectively apply them at the present time; and will consider what should be the form and extent of co-ordination between voluntary service and statutory authorities."

All interested organizations are invited to give their views and to submit memoranda on future plans and problems and on any special difficulties which they anticipate. The National Association hopes to submit such a Memorandum dealing with the complicated issues at present confronting workers in the Voluntary Mental Health Services.

The office of the Inquiry is at Universal House, 58-62 Buckingham Palace Road, S.W.1.

A Changing Concept of Mental Defect

The *British Medical Journal* of May 17th, 1947, contains the text of a Memorandum on "Interpretations of the Definitions in the Mental Deficiency Act, 1927", drawn up by the Committee on Psychiatry and the Law and approved by the Council of the British Medical Association.

It is pointed out that the revised definitions of the 1927 Act reflect a new attitude towards mental deficiency which, in 1913 when the original Act was passed, was associated exclusively with unchangeable innate and hereditary factors. Two important changes reveal this more modern concept: (1) The dropping of the necessity for proving mental defect "from an early age", thus providing for "cases of temperamental and character change caused by diseases, such as encephalitis, if they occur before the age of 18". (2) The abandoning of the condition that the defect must be permanent.

With this increasing understanding of the true nature of mental defect, the Committee recommend that when the present Acts are re-drafted, the category of "moral defectives" as a class apart from the feeble-minded, should be dropped (the view expressed by Tredgold in his *Mental Deficiency*) and that the terminology of the other definitions should be revised so as to stress the importance of social adaptation or social efficiency as the criteria to be used in diagnosis.

The Memorandum concludes with a discussion on the question of psychopathic personality and its relationship with mental defectiveness. If social inefficiency is used as the main criterion in diagnosing defectiveness, a contribution to the solution of this difficulty will have been made, but there will still remain a group of delinquents coming within the category of psychopathic personalities for whom nothing can be done under any

existing legislation. For these individuals it is suggested there should be a special institution or colony under lay control, with medical help in organization and facilities for specialized individual treatment.

Our Contemporaries

Four new Journals, whose advent we cordially welcome, have recently been published or will appear shortly.

Human Affairs is a scientific quarterly which will seek to "encourage the development of an integrated approach in the social sciences" by combining reports of original research arising from experience in the field or from laboratory work clarifying "real life problems", with theoretical contributions, thus relating social theory to social practice. A feature of the Journal is that its editorship is to be a joint enterprise on the part of the Tavistock Institute of Human Relations in London and the Research Centre for Group Dynamics of the Massachusetts Institute of Technology, Cambridge, Mass., U.S.A. The annual subscription is 35s. (single copies, 10s. each). Orders should be sent to the Managing Editor, Tavistock Institute of Human Relations, 2 Beaumont Street, London, W.1.

Child Care—another new quarterly—seeks "to keep Voluntary Homes throughout the country in touch with the work of the National Council of Associated Children's Homes" in raising standards of child care and voicing the needs of children and staff". The first number, which is attractively printed and produced, appeared in March, its contents include a Foreword by the Home Secretary, articles by Miss Myra Curtis on "Child Care in the Voluntary Homes", and by Cardinal Griffin on "New proposals in Child Care, from the Catholic View-Point", and useful information is given on the existing Training Colleges for workers in Homes. The annual subscription is 4s. 6d. (single copies, 1s.), which should be sent to the Business Manager, "Child Care", National Children's Home, Highbury Park, London, N.5.

Social Service. The National Council of Social Service announces the resumption of its pre-war periodical, the publication of which was suspended during the war. It will now become a quarterly and will appear first in July 1947. Subscriptions (10s. per annum, single copies, 2s. 6d., post free) should be sent to the Editor, "Social Service", 26 Bedford Square, London, W.C.1.

The Family. The first number of this quarterly (price 1s. 3d., publishing office: 1 Dorset Buildings, Salisbury Square, E.C.4), appeared recently, edited by Crystal Herbert in consultation with the Family Relations Group. Small in size (resembling *Convoy* in general appearance) it has a number of lively articles on various aspects of family life, with excellent photographs and other illustrations. A serious-minded effort to provide a forum for discussion on this all-important topic is opportune and is an indication of the increasing awareness of the need for preserving family values in a changing social structure.

For Mental Nurses

A diverting little monthly periodical intended for those engaged in mental nursing, is published by the National Mental Health Foundation, Philadelphia, U.S.A., under the title *The Psychiatric Aid*.*

Whilst essentially designed to raise the standard of mental nursing, to emphasize the importance of an intelligent understanding of the patients' needs and to suggest how they can be met with sympathy and imagination, the magazine is a lively production and includes "strips" humorous in drawing, but each illustrating some particular aspect of treatment in a way not likely to be quickly forgotten.

It is a matter of consideration by those engaged in our own mental hospital service whether there is not room in this country for a periodical similar in aim and tone, though adapted to suit British mentality.

Great Ormond Street Hospital

The Hospital for Sick Children, Great Ormond Street, London, W.C.1, asks us to announce that "in an endeavour to lessen the time spent waiting in the Out-Patient Department", Out-Patients will, in future, be seen by members of the Consulting Medical and Surgical Staff by appointment only. Such appointments should, if possible, be made by a Doctor acquainted with the case and preferably by letter. They will be made between the hours of 9.30 a.m. and 12.30 p.m.

Patients who attend without introductions from a Doctor will be examined in the Receiving Room and only when necessary referred to a member of the Consulting Medical or Surgical Staff.

The Hospital is, of course, open day and night for urgent cases.

Late News

CONFERENCE ON MENTAL HEALTH PRELIMINARY NOTICE

The National Association for Mental Health is arranging to hold a Three Day Conference at Seymour Hall, Seymour Place, London, W.1, on Thursday and Friday, January 15th and 16th, 1948.

Further particulars may be obtained on application to the Conference Secretary, 39 Queen Anne Street, London, W.1.

* Obtainable from P.O. Box 7574, Philadelphia 1, U.S.A. Ten cents a copy. The Foundation is a recently established body to whose activities we hope to draw attention in our next issue.

NATIONAL ASSOCIATION FOR MENTAL HEALTH

CURRENT EDUCATIONAL ACTIVITIES

For Medical Officers

In addition to the two Courses on Educationally Subnormal Children already held this year (in conjunction with the University of London), a third Course is to be held in September. This is already full, and there is a long waiting list.

A special Course on the same lines will also be held in July for Medical Officers taking the Course for the Diploma in Public Health at the London School of Hygiene.

For Teachers

Two Courses for teachers of Educationally Subnormal Children are being organized for the Ministry of Education—the first at St. Gabriel's L.C.C. Training College, Camberwell, beginning on July 10th—the second at The Hayes, Swanwick, Derbyshire, beginning on August 18th. Each Course will last three weeks. Application for admission is made through Local Education Authorities and the final selection is determined by the Ministry.

A Course of Instruction in the use of the Revised Stanford Binet Intelligence Scale, is being held during the present term on one evening a week. Four of the sessions consist of lectures and demonstrations, and the remaining six are devoted to supervised practice. The Association is prepared to arrange a further Course on these lines in the autumn if there is a sufficient demand.

In addition to meeting frequent requests from Education Authorities for lectures on the education of educationally subnormal children the Association has undertaken, for the Kent Education Committee, a series of courses designed to stimulate discussion on educational matters as well as to offer practical help. The subjects include school records from the psychological point of view, emotional development from birth to adolescence, the testing of intelligence, and remedial teaching. For providing this interesting opportunity the lecturers would like to thank the County Authority, and would also like to pay a tribute to the teachers who heroically attended first in snow and then in sub-tropical heat! Up to July 1947, twenty-five courses of eight to ten lectures will have been given under this scheme.

The Week's Course for staffs of Preparatory Schools held at Easter—another new development—was attended by 42 teachers. This Course

was necessarily experimental in content and approach, but was so much appreciated that a second one is planned for 1948.

Lecturers in connection with these Courses include Miss Gibbs, Miss Mackinlay and Miss Stephen (the Association's Educational Psychologists), Miss Wilshire and Miss Culham (visiting lecturers in Education). The work has been carried out under the general direction of Miss Gibbs.

For Children's Boarding-Out Officers

A Nine Weeks' Course is being held during the summer on one afternoon weekly, for Officers of Local Authorities engaged in the boarding-out of children. The aim of the Course is to give those already engaged in this work a deeper insight into the emotional needs of children with special reference to the difficulties of children deprived of home life, and the application of such knowledge to the practical problems of boarding-out.

The Course, which began on June 3rd, is being attended by 52 students.

In October, it is planned to hold a month's full-time Course designed to meet the needs of Matrons and Superintendents of Children's Homes, whilst projects for a later date include a Course for House Mothers and Assistants in such Homes.

For Staffs of Occupation Centres and "School" Departments of Certified Institutions

Students attending the Year's Course are now back in London for their final term, after a period of five months spent in practical work in Occupation Centres and Institutions in various parts of the country.

The 1947-48 Course will begin in September and applications from prospective students can still be accepted. Particulars will gladly be sent by the Education Secretary to anyone interested either on their own behalf or on behalf of possible candidates known to them.

A Week's Refresher Course held at King's College Theological Hall, Westminster, in April, met with such appreciation from the 42 workers in Occupation Centres and Certified Institutions in attendance, that a further Course on similar lines is planned in the autumn, to be held at a centre near Cheltenham.

INTERNATIONAL CONGRESS ON MENTAL HEALTH, 1948

Plans are rapidly progressing for the organization of the International Congress on Mental Health to be held under the auspices of the National Association for Mental Health in London, August 12th-21st, 1948. There are encouraging indications that the Congress is attracting world-wide attention, and the various countries have been invited to help in forming "Preparatory Commissions", or discussion groups, who would be in frequent contact with those which have already been set up in this country. Their function is to survey the various aspects of each day's topics, to collect and digest material from all sources, and ultimately to decide on what aspects are most important and can best be dealt with in the limited time of the Congress. In addition to the five Preparatory Commissions already formed in this country, a sixth Commission is being set up with the assistance of the Society for the Psychological Study of Social Issues. Its function is to explore the methods by which action can be obtained to give effect to any resolutions and conclusions which emerge from the Congress deliberations.

Dr. J. R. Rees, Chairman of the Organizing Committee, recently visited America for the express purpose of discussing the Congress with the American Psychiatric Association, the International Committee for Mental Hygiene and various other groups. He found a very alive and genuine interest in the purpose of the Congress, and received generous promises of financial help. A number of Preparatory Commissions, on a line with their English counterparts, are to be organized and each of these will be in close touch with the Congress secretariat in London.

Arrangements are being made to publish monthly bulletins for distribution in countries where groups are formed, and these will include progress reports and comments and conclusions of the Preparatory Commissions in relation to digested material.

At the meeting of the American Psychiatric Association in New York, on May 19th, Dr. G. Brock Chisholm,

C.B.E., M.C., Executive Secretary of the Interim Commission of the World Health Organization, in the course of his address expressed the hope that through the International Congress on Mental Health there would develop a permanent organization largely for the purpose of advising the World Health Organization on all aspects relating to mental health, and he went on to say:

"Perhaps never before in history has there been a more important meeting of any kind than that Congress can be, if all the people qualified and obligated to attend, do so, and if they can at the same time ignore all sectional interest, all local or national loyalties, all matters of personal or individual prestige or advantage, and by a free pooling of their knowledge and experience, offer even a little, but concrete hope for a frightened world . . ." *"During these next two years there is an opportunity for psychology and psychiatry to justify their existence in the eyes of the world—for the first time to contribute very importantly and recognizably to the future peace of the world by becoming real leaders in the planned development of a new kind of human being, one who can live at peace with himself and his fellow men. All this can be done if, at the International Congress on Mental Health, even a few principles of mental health, even a few signposts for the bringing up of children, even a little hope for a sorely beset and anxious world, can be agreed on by qualified people from all over the world."*

We have pleasure in announcing that Dr. Rees has been elected President of the International Committee for Mental Hygiene in succession to Dr. Adolph Meyer, who had from its inception been President, but has now found it necessary to retire from active work. Dr. Rees' election will also help in the running of the Congress, since to have the President of the International Committee in London rather than in America will greatly facilitate organization.

Reviews

Forty-four Juvenile Thieves. By John Bowlby, M.A., M.D. Ballière, Tindall & Cox. 1946. 7s. 6d.

The outstanding value of this monograph is its description of a group of severe, chronic juvenile delinquents who are distinguished by their remarkable lack of affection or warmth of feeling for anyone. These are classed under the heading of Affectionless Character. In addition to stealing, the majority of these children also truant and wander. The numbers investigated are small and, as the author recognizes, they are not a true sample of juvenile delinquents. Cases seen at child guidance clinics are a selected group, and all Dr. Bowlby's cases were referrals to a clinic. Those workers who deal with large, unselected groups of delinquents will, however, agree that the author has drawn attention to a vital and common mechanism in the etiology of delinquency, viz. prolonged separation of a child from his mother or

substitute-mother during the first five years of life resulting in the development, with alarming frequency, of the affectionless character. That such a character probably always steals and usually becomes a recidivist is no doubt quite true, but many readers will consider that the suggestion that of children who steal persistently perhaps as many as one-half are of an affectionless character is much too high an estimate.

It is a pity that routine physical examinations were not made. Other studies of large numbers of unselected cases have shown that various bodily defects and disabilities occur more frequently in delinquents than in non-delinquents, and it would be of interest to have careful physical studies made in affectionless characters. As the author says, juvenile delinquency as a total problem is the outcome of many and complex factors, and various socio-economic factors are in many cases very important, and there is a need for further research

of this type using true samples of delinquents. The distribution of intelligence in true samples of delinquents is very different from that in the author's series.

This study illuminates the pioneer research by Healy and Bronner in that it succeeds in identifying one of the important experiential frustrations of early life resulting in delinquency. The author's account of the subsequent development of the psyche will provoke critical discussion: that the stealing of milk is so common will hardly be the experience of many other students.

Six divisions are used, viz: normal, depressed, circular, hyperthymic, affectionless and schizoid, but this grouping will not appeal to all readers. Dr. Bowlby is, of course, only too well aware himself of the perennial difficulty of classification and of the need for a satisfactory grouping. In his account of the groups other than the affectionless character, he demonstrates the importance of the ambivalence or hostility of the mother or substitute-mother in the genesis of anti-social conduct.

Nearly all the pitfalls in the use of nomenclature in a psychiatric monograph are avoided, but the writer's use of the terms psychopathic personality, moral deficiency and constitutional psychic inferiority may not meet with general agreement. The subject has been approached from the viewpoint of Freudian theory, and in at least one place the term psychiatrist could with advantage have been used in place of psychoanalyst. These, however, are minor details and do not detract from the importance of this study. His plea for combined research into psycho-analytic and socio-economic factors, and for the early diagnosis and treatment, both preventive and remedial, of the affectionless character will have the full support of other workers. This publication merits a place among the books of all students of juvenile delinquency.

J. D. W. P.

Deep Analysis. By Charles Berg, M.D. London. George Allen and Unwin. 1947. Pp. 261. 12s. 6d.

Contrary to the usual custom the publisher's note printed on the dust cover of this book is less a laudatory puff than an intelligible explanation of the reason the book came to be written. Apparently the author, who has already published a collection of short case-histories, found himself dissatisfied with this method of popularizing psychotherapy, and sought to remedy its defects by giving a detailed account of a single case in which a complete analysis was carried out. His book, therefore, deserves attention for two reasons, first, that the "complete" analysis of any case is a somewhat rare event, and second, that the author has chosen the difficult course of trying to popularize psychotherapy by giving an intimate and detailed account of an analytical situation. The task is a difficult one, not only because it calls for skill in presentation,—in particular a sense of balance and an eye for essential details—but because even a dictaphone record of an analysis cannot convey to the lay reader the emotional nuances of that unusual type of human relationship which exists in the "therapeutic group of two".

Nevertheless, although Dr. Berg makes perfectly clear what he means by the term "deep"—namely an analysis of unconscious motivations and conflicts—the title he has chosen may give rise to some misunderstandings. From time to time, even in official analytical circles, the word "deep" has been used to suggest that some particular form of analytical technique, or particular set of interpretations has been regarded, mostly it is true by their sponsor, as going "deeper" than those of less fortunate or less gifted colleagues.

Apart from the fact that this usage smacks of self-satisfaction, it is based on a misunderstanding of the nature and function of the unconscious and, after some rather acrimonious discussions, the consensus of analytical opinion was that the term should be discreetly dropped. The psycho-therapist may rest assured that if his analysis has ventilated the unconscious sources of conflict and has resolved his patient's unconscious transference, both positive and negative, he has in the meta-psychological sense been deep enough in all conscience.

It remains to consider how far the author has achieved his main aims; how far the method he has chosen will succeed in conveying the nature of analytical processes to the unoriented reader; how far the technique he has described can be regarded as representative of the Freudian approach. As to the first point, a great deal depends on the reader. Dr. Berg has obviously tried hard to create the necessary atmosphere, and to convey it to his reader in an interesting way, but, with the best will in the world, he can scarcely avoid shocking the innocents and inflicting some tedium on the oriented. Actually the case he describes is that of a rather tedious young man, presumably American to judge from his outlook, without any of the symptomatic features calculated to attract the reader with an appetite for psychoneurotic sensations. Indeed it would be fair to say that the most useful aspects of Dr. Berg's record depend not so much on his detailed and spontaneous presentation, or on the emphasis he lays on the transference, as on the author's capacity to give a systematic outline of the case. This in turn depends on his secondary elaboration of the process of analysis. All case histories are as much records of the analyst's mental approach as of the patient's material. And if Dr. Berg's outline appears at times a little too diagrammatic, if the phases appears to run a little too much "according to plan" there's no great harm in that.

Some comments here and there, especially on the "wisdom" of the Id and on the racial content of the Universal Unconscious, may have been due to the author's desire to give literary expression to tendencies that are notoriously hard to particularize. But in describing the derivatives of this Universal Unconscious he does create the impression that he is a little more thorough-paced and more Jungian than Jung. These lapses from Freudian outlook do not, however, obtrude themselves, and it is abundantly clear that Dr. Berg has a sincere belief in and a good understanding of Freudian technique. Whether the reader will be satisfied with or cavil at his aim and methods, he must admit that the author has a flair for case presentation and an obvious zest for this form of literary expression. And since the former accomplishment is by no means common amongst psycho-therapists, we must be grateful to him both for his efforts and for his example.

E. G.

Shock Treatment and other Somatic Procedures in Psychiatry. By Lothar B. Kalinowsky, M.D., and Paul H. Hoch, M.D. William Heinemann Medical Books Ltd. 21s.

This book, by two American authors, is a comprehensive and generally useful source of information for those employing physical methods of treatment in psychiatry. With praiseworthy caution, a broad view of their subject is taken in the early part of the book, and the writers make it clear that they are not to be numbered amongst those who would attempt to explain or treat various forms of mental illness through the intricate elaboration of a single theme. This approach is endorsed by Dr. Nolan D. C. Lewis in the foreword where he emphasizes

that psychosomatic medicine is no novelty, and views the terms as chiefly as useful in providing a unifying concept of psychiatry.

Concerning the matter of terminology, it is unfortunate that while decrying the term in the text, the authors have perpetuated the term "Shock Treatment" on the cover. As a formulation of mode of action of the methods described, it has less to recommend it than many other speculations given—in a detail they do not deserve—in the final chapter.

Discussing historical development, it is shown how the attempted application of current treatment in general medicine to psychiatry has declined. The trend is now towards the psychological and metabolic, perhaps some would add the traumatic in a temporary sense, rather than the pharmacological method. Fever, hypoglycemia, convulsions and surgery gain the attention of many psychiatrists. As the authors point out, clinical observation rather than laboratory experimental work has been the foundation of these physical methods. Such is the nature of the problem that no one trend is ever likely to dominate the rest, and it is more probable that with methods yet to be discovered, their interdependence will increase.

In the description of Insulin treatment the advice on the use of restraint is rather surprising, since with the occasional use of sodium amytal, and an adequate staff there should be little need for any mechanical method. In case selection, no preference is expressed for any particular schizophrenic type, though most insulin therapists have generally found treatment more effective in the paranoid and catatonic cases as opposed to the simple and hebephrenic patients amongst whom are often to be found the early dementing types that did much to popularize the now discarded term of Dementia Praecox. The authors state that if there is no improvement after 60 comas, the treatment should be discontinued. It would be instructive to know how many patients improve after 20 to 25 comas, who have shown no evidence of gain before attaining this number. Personal experience suggest that the number is small. A further point concerns Insulin sensitivity, the onset of which as the authors stress, requires reduction of dosage, often drastically in the earlier comas. Unfortunately they do not emphasize that failure to do so is a potent cause of prolonged or irreversible coma, and is in fact a form of over-dosage of insulin.

One of the main points of an otherwise instructive book is that the important points are often submerged by the over elaboration of details of little significance. To the inexperienced, it would not be immediately clear that in its primary indication for psychotic depression, convulsive therapy can get patients well, even if the illness has lasted 2-3 years, with an efficiency as yet unapproached by any of the other treatments in their own special fields. Only in cases of less than six months duration, and in the most expert hands can insulin produce anything like similar figures for schizophrenia. Conversely the role of convulsion therapy in schizophrenia is overstressed. Undoubtedly individual patients do well, but in large numbers of figures the later results are not impressive even with the considerable number of fits advocated, though it is possible that further modifications in technique may improve the position. In a relatively drastic treatment such as convulsive therapy, which has been tested against numerous psychiatric disorders, some indication of its limitations would be advisable, as in the dementing form of schizophrenia or in the psychopathic schizophrenic patient. The need for renewing search for

reactive stress in first attack depressions who relapse after apparently adequate treatment by convulsions, is worth mention.

Treatment by prolonged sleep is still used frequently enough to warrant a more detailed description of technique, and control of complications. It is sometimes useful for abreaction in its lighter phases. Similarly, the section on pre-frontal leucotomy is inadequate, more especially from the practical aspects, such as the care of the leucotomized patient. With reference to the operation, the authors say that "unlike shock therapy, the basic disease is not touched". Remembering our uncertain knowledge of the pathology of schizophrenia and manic-depressive states, and also that leucotomy has been often successful where all other methods have failed, one feels rather dubious about such an assertion.

There is much valuable material in this book for the student of physical methods of treatment, but much could be omitted to advantage in the insulin and convulsive therapy chapters. With all their experience the authors could well give more lead in emphasizing important aspects of treatment. The other somatic procedures merit far more attention than has been given them in order to achieve a proper perspective for a work of this type.

D. E. S.

Psychiatric Interviews with Children. By Helen Leland Witmer. Commonwealth Fund, New York. London: Geoffrey Cumberlege. 15s. 6d.

This book will be welcomed by all those working in the child guidance field who are not wedded to the strictly psycho-analytic approach.

Dr. Witmer contributes three valuable chapters on the nature, the development and the dynamic of therapy as these are understood and practised in the United States today. Then follow detailed accounts of ten cases from eight psychotherapists which were chosen to show, by illustration, some of the ways in which direct psychotherapy is being carried out.

The cases are most excellently presented and give the therapist's assessment of each, the aim of the treatment and the patient-therapist relationship together with the careful technique employed in bringing treatment to an end.

There is a measure of agreement in the treatment of all the cases quoted, but, in each case, something of the personality of the therapist stands out and we see the conscious manner in which this was used in the treatment relationship. To quote Dr. Witmer:—

"The following case records thus impose heavy requirements on the reader—for flexibility and for open-mindedness as well as for familiarity with some of the basic concepts of the various schools of dynamic psychiatry. If these records are approached with theories other than those of their writers they may not 'make sense', and the reader may not be able to see what the therapist was trying to do. We recommend, therefore, that, regardless of final judgements the reader try to put himself, in his first review of a case, in the therapist's frame of reference and try to see the case as in part a logical application of the set of theoretical considerations the therapist had in mind."

We feel that the reader who makes this effort will be amply rewarded.

A full bibliography helps to make the book an outstanding contribution to child guidance literature.

D.H.H.

Child Health and Development. Edited by Professor R. W. B. Ellis, O.B.E., M.D., F.R.C.P. J. and A. Churchill, Ltd., London. 1947. Pp. 364. 18s.

This work, a symposium by a number of specialists in child development and related subjects, provides a long felt want by all concerned with the study of the health and growth of the "normal child".

The Editor is Professor R. W. B. Ellis, who has recently been appointed to the Chair of Child Life and Health at Edinburgh. It is noteworthy that the late Dr. R. D. Gillespie had a hand in planning the work.

There is a useful introduction by Professor Ellis devoted to general considerations. Part I of the book deals with the child's development in its broadest aspect. There are chapters dealing with physical growth and maturation, from conception to puberty. A most fascinating chapter in this section is Sir Joseph Bancroft's on the functional development of the fetus.

Of special interest to those concerned with mental health are the two chapters contributed by Miss Anna Freud. In the chapter on feeding, Miss Freud emphasizes the emotional significance of food and feeding to infant and child; she advocates a far less rigid feeding régime than is still all too commonly followed by a large proportion of mothers. Feeding is the first and most important inter-personal relationship of the infant; to be successful, full co-operation of mother and child is essential. The author traces the connection of the mother-child relationship to feeding. "For the infant who is breast fed by the mother, food and mother are truly identical; the attitude to both rests on the same firm foundation of pleasurable experience." The subsequent feeding problems which are sometimes met with, are usually the expression of the child's unconscious hostile attitude to the mother. Oral pleasure as a stage in normal growth is dealt with, as well as the role that biting plays as an expression of hostility, aggression and destructiveness.

The chapter on emotional and instinctual development is a psycho-analytic account of these aspects of psychological growth from birth to adolescent. Miss Freud's exposition is both lucid and concise; only a very few psycho-analytic terms are employed and these are always clearly explained. This part of the book serves as a most useful introduction to the dynamic study of human behaviour and will prove most valuable to both medical students and practitioners. Readers probably regret the lack of a bibliography.

Professor Penrose contributes an excellent chapter on intellectual development and the measurement of intelligence in childhood. The various types of tests employed for assessing intelligence are considered, and their merits and limitations discussed. It would have added to the interest of the section on distribution of mental capacity in the general population if mention had been made of Sir Cyril Burt's work on differential fertility in relation to intelligence.

Part II of the work is devoted to the social aspects of child health and is in the main historical and expository. Subjects dealt with include chapters on the infant welfare movement, the school medical and dental services, nurseries and nursery schools. There is a useful chapter by Miss Leila Rendel on the care of the homeless child and another by Miss Eileen Young-husband on Juvenile Courts.

A review of the other part of the book would be out of place in this journal. Professor Ellis and his collaborators are to be congratulated on producing a work which is readable, comprehensive and stimulating. Professor Ellis, in his own approach to the subject,

proves himself to be progressive and constructive with his vision constantly directed towards a future vast in promise and opportunity for progress and development.

There are two appendices. The second on Voluntary Organizations will be found most helpful, though inclusion of the addresses of the various agencies mentioned would have added greatly to its value as a source of reference.

The radiographs throughout are excellent. Two or three of the photographic reproductions suffer from lack of clearer definition. The book deserves a more complete index.

J.J.M.J.

The Theory of Occupational Therapy. By Haworth and MacDonald. 3rd Edition. Baillière, Tindall & Cox. 7s. 6d.

During recent years occupational therapy has become firmly established as an essential hospital practice. Although there still is a shortage of qualified therapists to carry out the work, there is a steadily increasing number of students in training, and while there is an ample literature on the teaching of crafts, there are very few books available on the theory of their application in the treatment of the sick and disabled. Such is this book, and the fact that the demand for it has required the issue of a third edition in six years is in itself a sufficient indication that it continues to fulfil its useful purpose of providing a standard text book for the student preparing for the Diploma of the Association of Occupational Therapists.

The scope of the book goes much further than the purely theoretical aspects of occupational therapy, and it is perhaps as a practical guide that it will be found most useful. Problems of staff, equipment, materials, finance, and the general management of the department are fully dealt with, but rightly the main part of the book is concerned with the treatment of patients, who are considered in five separate categories, viz.: mental, orthopaedic, cardiac, tubercular, and industrial.

The reader is warned that, "Occupational therapy alone does not cure, nor does it claim to do so, but it does claim to assist and hasten cure", and again that, "Occupational therapy is only one section of rehabilitation". There are some who would claim more, and it is here that one is tempted to raise the question whether the authors have not fallen into the now lamented error of the doctors, of treating disabilities rather than persons. When first introduced occupational therapy had the outstanding quality of being a treatment of the personality; the psychological reaction to disease or injury was its primary concern, and the removal of a faulty reaction was considered to be just as remedial and individual as the re-education of a muscle.

The authors appear to have departed from that theory and to be content to regard morale as a minor factor in chronic cases in which "only" so-called general therapy is required; pride of place being given to what is called curative therapy. In a surgical hospital this means, "To restore and improve function by (a) strengthening muscles, (b) increasing the range of movement in a joint, or (c) improving co-ordination". To that end ingenious and most praiseworthy adaptations of looms and other apparatus are described for use by physically handicapped patients undergoing treatment in the curative workshop. The latter, however, is reserved entirely for "special remedial treatment" prescribed by the surgeon. Patients without a prescription card may be given general occupational therapy by unqualified assistants or voluntary helpers,

if convenient, but otherwise "it (general therapy) should be left and should not be carried out at the expense of special remedial work".

There is consistently throughout the book this emphasis of the importance of concentrating upon the correction of a particular symptom with the conscious co-operation and possibly pre-occupation of the patient, and whereas this may be very good and beneficial if the symptom disappears, what if it persists?

The methods by which, under skilful direction, the movements involved in certain crafts can be used as remedial exercises, are admirably described in considerable detail. But although mention is made of the value of a knowledge of psychology, the reader must be forgiven if she forms the opinion that anatomy is more important. Even in the treatment of mental disorders, which is described as a special branch, there is a bias in favour of attacking the obvious symptom in preference to a study of the personality background of the patient, and a persistent implication that the recent and curable case deserves the whole of the occupational therapist's time and attention.

This does not detract from the value of the book as an excellent guide to the practice of therapeutics by crafts, but in view of the fact that it is primarily a book on theory, and bears some degree of responsibility for the ideas and ideals with which the young therapist of the future will embark on her profession, it is unfortunate that the psychological aspect of physical disabilities has not been more fully discussed.

In an interesting appendix, there are useful notes on courses of training and on the examinations held by the Association of Occupational Therapists.

The book is well and fully illustrated and contains a useful bibliography and list of suppliers.

J.I.R.

An Approach to Social Medicine. By J. D. Kershaw, M.D., D.P.M. Baillière, Tindall & Cox. 15s.

The first part of this book consists of a study of the nature of Society in terms of its anatomy, physiology and disorders; the second part outlines the present importance of medicine and suggests how this could be increased; it then goes on to discuss shortly the social problems of health, to wit: food, housing, work, leisure, the handicapped, sex, genetics, and education; and finally summarizes the philosophy of health and its instruments.

It is difficult to speak too highly of Dr. Kershaw's work: his survey is well balanced, very clear and eminently readable: it is moreover enlightened by many happy phrases and brilliant epigrams. It is, therefore, most heartily recommended to all who are interested in Social Health, and will appeal as much to the layman as to the doctor.

Only one criticism is to be made and even this is perhaps a measure of its excellence—that it arouses so much interest in its analysis of social problems that we hoped for an even more constructive solution than it provides, and are thus a little disappointed. But this is unfair to the author whose title is an "approach" and who of course admits that the causes of the faults are easier to see than to cure. It is to be hoped that his next venture will be to apply his superlative gifts of analysis and imagination to deal more exhaustively and constructively with society's needs in the future.

R.F.T.

Child Health. Editor, A. Moncrieff, M.D., F.R.C.P. Eyre & Spottiswoode (Practitioner Handbooks). 14s.

This book arrives in time to foreshadow many developments in Child Health Services likely to eventuate under the National Health Service. It also directs attention to the already wide extent of State Services available in the medical care of children.

With a foreword by Sir Leonard Parsons, each section deals with an aspect in which the particular author is an expert, although the book is in no sense one for specialists. Rather is the reverse true, that here is ordinary practical advice covering the whole field now available. Thus the indications for residential schools are considered generally in one section, while in another on the handicap of deafness, practical advice is given as to how and where a deaf child can be examined for entrance to such a school.

On the whole vague generalities are avoided, and where clinical advice is given, as in the chapter on breast feeding, it is precise and easy to follow. A certain amount of repetition is inevitable, as for instance in the chapter on the care of the new born child, that on breast feeding, and on problems at a child welfare clinic. Obviously all these will deal with certain aspects of breast feeding. It adds to rather than detracts from the value of the book to have the same problem viewed from rather different angles, and the duplication is never tedious.

In a book such as this, where skilful editing has succeeded in keeping the range wide, and yet at a consistent level, it is invidious to select individual chapters for mention; but it is impossible to overlook the small masterpiece on "The Deaf Child" by A. H. Gale.

Here and there is a tendency to quote figures which appear to be somewhat misleading. For example, one toddlers' clinic is prepared to examine 18 children in 2 hours and goes on to describe a large number of observations collected presumably in this way, including 126 cases "in which there was backward mental development". Presumably this was not assessed on a six-minutes' interview, but the somewhat alarming implication is that it was.

Inevitably, while there is a warning note sounded as to the dangers of grouping large numbers of small children in Day and Residential Nurseries, the emphasis is on physical disadvantages rather than on psychological.

But it could not be said that the book as a whole fails to do justice to the psychological aspect of the care of children, and there is an excellent chapter on psychological problems at a child welfare centre, which is expanded and amplified by another author in the section on Child Guidance Clinics.

This book should be studied both as a survey of existing facilities, which already cover so much useful ground, and as a reference book of clinical and administrative methods in child health.

E.M.C.

First Baby. By Dr. Winifred de Kok, author of *New Babies for Old*, John Westhouse Ltd. 7s. 6d.

As the title suggests this is a handbook for mothers having their first baby. It covers in a practical way all that a young mother needs to know about caring for herself and her child from conception and during the first couple of years. Though the book is simplicity itself one has the impression of real knowledge and rare experience and understanding going to its making.

Dr. de Kok is in charge of Infant Welfare in a large clinic in Sussex and the mother of two children, and to this practical experience of the anxieties which beset parents and can themselves be the cause of children's difficulties, she adds a profound psychological insight and considerable awareness of modern psychological finding. In her advice on feeding problems and the conduct of habit training she keeps the child's natural health as well as his physical care to the fore. Here is no moralizing doctor with standards of hygiene and routine directed to the making of an efficiently functioning baby, but a woman who realizes how the right kind of physical care is fundamental to character and emotional development, and to the prevention of problem children. Her understanding of parents' anxieties and the assured way in which she approaches them is really impressive.

This is an excellent book for any mother and a first rate construction on how to keep babies healthy and happy and to prevent them becoming problems.

That Baby. (A picture book for three year olds and older children whose parents are expecting a baby). Pictures by W. Suschitzky; press by L. Frankl. Collins. 6s.

This is a beautiful picture book superbly illustrated in lovely colour, as educative for the parent as it is reassuring for the child. It shows a mother explaining to her boy the coming of the baby, accepting his help in preparation, understanding his disappointments and difficulties when the baby arrives, and attempting to make the new family situation a means for him to grow up, and not to repress.

The letterpress is quite simple, adequate and well informed. As a production the book is on a high artistic level, and while it fulfils every necessary educational purpose, to the child it will be just another unusual and very reassuring picture book.

R.T.

War-Damaged Children. Some Aspects of Recovery. By Margot Hicklin. Association of Psychiatric Social Workers, 4 The Drive, Acton, London, W.3. 1s. 6d.

This Report is enriched by the personal observations of the author who ran a Hostel at Windermere for boys coming from Belsen, Buchenwald and Auschwitz in July 1945 and afterwards worked under the Control Commission in Germany. She is, therefore, able to give living examples which illustrate the wisdom she has painfully acquired.

Understanding of the children's problem and of the possibilities of recovery is based on psychological knowledge. Food grabbing and hoarding is seen not merely as a response to immediate hunger, but as symbolic of the whole attitude of a child who has lost faith in the world. It is significant that bread holds a particular importance as the "staff of life". (The reaction in this country to bread rationing was out of all proportion to its hardship.)

In the light of such knowledge one is driven to relate even first-aid plans to long term policy. Measures for giving shelter and restoring health are ineffective unless they lead to full development and adjustment to the community. It is striking that some of these

principles as stated by the author were threshed out at a conference in Switzerland in 1945.*

A serious warning is given against impressing on the child ideas for his welfare before he is able to tolerate them. He may be unable to stand family life if he has not yet mastered his own loss and suffering. At all stages the educator must beware of forcing standards at a pace which are beyond the strength of the war-damaged child. Recovery may be by fits and starts and symptoms appear after long lying latent. Adjustment to the community, both his own small group and society at large, depends on the child's stage of development. Manipulation of his environment may condition his response but does not reach the nature of that response. It is well to remember these simple truths for we tend to devise ideal surroundings out of our pity for deprived children and then to drive them to conform.

Educational and social factors are analysed in their bearing on recovery. In international work, language problems obviously have a special place but the differentiation as to what this means in the different stages of childhood is valuable. The lessons learnt from handling children in camps will be echoed by those who had to deal with evacuated children in hostels and indeed by all workers with "homeless" children.

Whatever the degree of suffering and the violence of the break in home life, there is a common feature in children who have lost that natural link which is fundamental to satisfactory development—the confidence and security in their own family relationships. Common humanity compels us to study the effect on war-damaged children. Prudence should drive us to apply these lessons to every type of deprived child.

The particular value of this pamphlet is not only its deep understanding of an acute international problem, but the linking up of such problems with the underlying principles of Mental Health.

R.S.A.

Report of an Expert Committee on the work of Psychologists and Psychiatrists in the Services, Privy Council Office. H.M. Stationery Office. 2s.

This report was completed in January 1945, by a Committee of great eminence—the Directors General of the three Medical Services, the President of the Royal College of Physicians and the Professors of Psychology in Cambridge and Reading, and of Psychiatry in Edinburgh and London—under the chairmanship of first, Sir Wilson Jameson and later Sir Francis Fraser.

It is, therefore, difficult to understand why it was not published until March 1947, particularly as it provides answers to most of those who still have honest doubts on the value of these subjects to the Services. Moreover, it emphasizes the work done in research, training and morale—as well as giving statistics on the better known aspects of selection and clinical work. It will obviously be a "blue print" for planning the future in the Services and its lessons are applicable to civilian life. Inevitably it recalls the Report of the War Office Committee of Inquiry into Shell Shock (1922—the "Southborough Report"): in form and conciseness it outdoes the latter, though it lacks something of its colour and emphasis. Undoubtedly those who realized that many of the findings of 1922 had been forgotten by 1938, will welcome the Foreword where the Privy

* S.E.P.E.C. Resolution I. Material and medical measures of help for child victims of the war are inseparable from psychological and spiritual help.

Resolution V. Assistance to child victims of the war will be given in principle in the country where they are found.

Council assures us that the findings of 1945 have already been implemented by considerable measure. It is to be hoped that the report of work done since 1945 will be made available with less delay.

R.F.T.

The Practice of Mental Nursing. By May Houlston, R.G.N., R.M.N., R.F.N. E. and S. Livingstone, Ltd. 7s. 6d.

Here is a really useful book, not only for the first year student nurse for whom it is primarily intended, but also as a guide to senior nurses whose duty it is to instruct their juniors in routine procedure. Mental hospital nursing being so much less obvious than the practice of general nursing, one of the initial difficulties in acquiring the art is to understand that there is a planned method in operation. This book will prove invaluable through that early period of bewilderment and will help the young nurse to get at the outset an intelligent interest and understanding of the work. It is written in an easy and readable style by an author with first hand knowledge of the practical aspect of the subject, and includes a useful summary at the end of each chapter. The observation and management of patients, and the various special duties of the nurse are very well described.

The statutory rule on seclusion in England is not quite correctly stated, but this is not very important to the junior nurse.

The merit of the book is in the chapters dealing with purely practical work, and rather too much has been attempted on psychology and symptomatology where over simplification has caused some inaccuracies. Many, for example, will have difficulty in accepting the view that "The only difference between a percept and an idea is that the former has sensory elements" or that "The opposite of negativism is catalepsy." Nevertheless, nurses of all grades will find pleasure and derive benefit from reading it. The junior student cannot afford to be without it.

J.I.R.

Handbook of Mental Health Social Work. London County Council. Staples Press Ltd., 14 Great Smith Street, S.W.1. Post free, 2s. 8d.

This book is the outcome of the work of a Committee set up in 1943 by the Medical Officer of Health of the L.C.C. in connection with the re-organization of the Council's Mental Health Services, and was compiled primarily for the use of Psychiatric and Mental Deficiency Social Workers in the Public Health Department. The actual information it contains is therefore related to the methods used by one particular Authority, but so varied are the topics dealt with and so detailed is their treatment that it may well be commended to Social Workers and administrators in other parts of the country who are concerned with the same problems.

The first section of the book deals, in detail, with the administration of the Mental Deficiency Acts showing the part played by Social Workers in connection with Ascertainment, Guardianship and Licence, Statutory Supervision and Occupation Centres. Part II is concerned, along parallel lines, with the Council's administration of the Lunacy and Mental Treatment Acts and its use of Psychiatric Social Workers in connection with them in the various Mental Hospitals, Mental Observation Wards, and Psychiatric Out-Patients Clinic.

In this section one notable omission should perhaps be pointed out, viz., the role of the psychiatric social worker in a Child Guidance Service and in the many social activities arising out of the handling of mal-adjusted children.

A useful Appendix includes particulars of the Council's Mental Hospitals and Mental Deficiency Institutions, as well as those of its tuberculosis and other allied social services.

A Foreword indicating the changes in the Mental Health Services which will be brought about by the National Health Services Act, and the extent to which the information given will be affected by the new provisions, is not the least valuable part of this informative little book.

Recent Publications

Books

***PSYCHIATRIC INTERVIEWS WITH CHILDREN.** By Helen Leland Witmer. Commonwealth Fund, U.S.A. London: Geoffrey Cumberlege. 25s.

PSYCHOLOGY OF WOMEN. Vol. II. Motherhood. By Helen Deutsch, M.D. Heinemann. 25s.

THE BIOLOGY OF SCHIZOPHRENIA. By R. G. Hoskins, Ph.D., M.D. Chapman & Hall. 15s.

A PRACTICAL HANDBOOK OF PSYCHIATRY FOR STUDENTS AND NURSES. By Louis Minski, M.D., F.R.C.P. Heinemann Medical Books. 6s.

FORTY-FOUR JUVENILE THIEVES, THEIR CHARACTER AND HOME LIFE. By John Bowlby, M.A., M.D.(Camb.), Psychiatrist-in-Charge, Child Guidance Unit, Tavistock Clinic. Baillière, Tindall & Cox. 7s. 6d.

THE PSYCHOLOGY OF THE UNWANTED CHILD. By Agatha H. Bowley, Ph.D. Foreword by S. Clement Brown, B.Sc. Livingstone. 6s.

THE SPIRIT OF THE CHILD. By Marjorie Thorburn. Allen & Unwin. 7s. 6d.

***CHILD HEALTH.** Editor, Professor Alan Moncrieff. Eyre & Spottiswoode. 14s.

THE YOUNG CHILD AND HIS PARENTS. By Zoe Benjamin, Lecturer in Child Study, Sydney University. University of London Press. 6s.

THE BIRTH OF A CHILD. By Grantly Dick Read, M.D. Heinemann. 5s.

INTELLECTUAL STATUS AT MATURITY AS A CRITERION FOR SELECTING ITEMS IN PRE-SCHOOL TESTS. By Katharine M. Maurer, Minnesota University Press. London: Geoffrey Cumberlege. 15s. 6d.

WHY PUPILS FAIL IN READING. By Helea Robinson, University of Chicago Press, U.S.A. Great Britain: Cambridge University Press. 16s. 6d.

SEVEN TO ELEVEN. SOME PROBLEMS OF THE JUNIOR SCHOOL. By T. Raymont, M.A. New and Revised Edition. Longmans Green. 8s. 6d.

CHILD HEALTH AND DEVELOPMENT. A Symposium by Specialist Contributors. Edited by R. W. B. Ellis, O.B.E., M.D., F.R.C.P., Professor of Child Life, Edinburgh University. J. & A. Churchill Ltd. 18s.

THE CHILD FROM FIVE TO TEN. By Arnold Gesell, Ph.D., M.D., and Frances L. Ilg, M.D. Hamilton. 18s.

* Reviewed in this issue.

- *AN APPROACH TO SOCIAL MEDICINE. By J. D. Kershaw, M.D., D.P.M. Baillière, Tindall & Cox. 15s.
- THE PRACTICE OF MENTAL NURSING. By May Houlston, R.G.N., R.M.N., R.F.N. Foreword by P. K. McCowan, M.D., F.R.C.P., D.P.M. Livingstone. 7s. 6d.
- THE MASS PSYCHOLOGY OF FASCISM. By Wilhelm Reich, M.D. Translated by Theodore P. Wolfe, M.D. Orgone Institute Press, N.Y. London: Biotechnic Press Ltd., 36 Hogarth Hill, N.W.11. First Edition, 1933. First English Edition, 1946. 27s. 6d.
- THE NEW LAW OF EDUCATION. 2nd Edition. By M. M. Wells and P. S. Taylor. Butterworth & Co. 21s.
- YOUR GUIDE TO THE NATIONAL HEALTH SERVICE. By A. David Le Vay, M.S., F.R.C.S. Hamish Hamilton Medical Books. 3s. 6d.
- VOLUNTARY SCHOOLS. THEIR PLACE IN THE NATIONAL SYSTEM OF EDUCATION. By James G. Laidler, Senior Administrative Assistant to the Kent Education Committee. S.P.C.K., Northumberland Avenue, London, W.C.1. 4s.
- THE PSYCHO-ANALYTICAL APPROACH TO JUVENILE DELINQUENCY. By Kate Friedlander, M.D. Routledge, Kegan Paul. 18s.
- WAR, SADIEM AND PACIFICISM. Further Essays on Group Psychology and War. By Edward Glover, M.D. Allen & Unwin. 9s. 6d.
- DESCRIPTION AND MEASUREMENT OF PERSONALITY. By R. B. Cattell, Research Professor of Psychology, University of Illinois. Harrap & Co. 15s.
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- *REPORT OF AN EXPERT COMMITTEE ON THE WORK OF PSYCHOLOGISTS AND PSYCHIATRISTS IN THE SERVICES. Privy Council Office. H.M. Stationery Office. 2s.
- *HANDBOOK ON MENTAL HEALTH SOCIAL WORK. L.C.C. Public Health Department, County Hall, Westminster Bridge, S.E.1. 2s. 8d. post free.
- FURTHER EDUCATION. Ministry of Education Pamphlet, No. 8. H.M. Stationery Office. 2s.
- SCHOOL AND LIFE. Ministry of Education Central Advisory Council (England). H.M. Stationery Office. 2s. 6d.
- REPORT OF THE LOCAL GOVERNMENT BOUNDARY COMMISSION FOR THE YEAR, 1946. H.M. Stationery Office. 4d.
- THE CHANGING SERVICE OF YOUTH. Youth Organization Committee, 14 Castle Street, Liverpool. 6d.
- REGISTER OF SPEECH THERAPISTS, 1947. Apply to Board of Registration of Medical Auxiliaries, B.M.A. House, Tavistock Square, London, W.C.1.
- *WAR DAMAGED CHILDREN. SOME ASPECTS OF RECOVERY. By Margot Hicklin. Association of Psychiatric Social Workers, 4 The Drive, Acton, London, W.3. 1s. 6d.
- REPORT ON PLANNING OF HOSPITAL SERVICES IN THE BERKS., BUCKS. AND OXON. REGION. Prepared by Berks., Bucks. and Oxon. Regional Hospitals Council. Nuffield Provincial Hospitals Trust, Oxford.
- NEW OPPORTUNITIES? Annual Report of National Council of Social Service, 1945. Obtainable from N.C.S.S., 26 Bedford Square, London, W.C.1. 1s.
- MINISTRY OF HEALTH. Report of Chief Medical Officer for Year ended 31st December, 1945. H.M. Stationery Office. 3s. 6d.
- THE NEW SECONDARY EDUCATION. Ministry of Education Pamphlet, No. 9. H.M. Stationery Office. 1s. 6d.
- THE CHURCH AND YOUTH. Report by Church of England Youth Council. Obtainable from 69 Great Peter Street, London, S.W.1. 2s.
- THE PROBLEM GIRL. A Report by a Joint Committee of the British Medical Association and the Magistrates' Association. Obtainable from B.M.A., Tavistock Square, London, W.C.1. 3d.

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